1331 32 08/2 contrary that when the same war Menth SSE X Mesengal Mars GONDANIO May - NEWOLF 160-10-113/1300H LENGES - The MILLING ENLESS LOUIS SISTES ANTONIONISTIC MILES SAFERE SE

MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07327 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20 DATE KNOWN Month (Type or Print) OF ESTI-Iny delay is 2, and 3 to PM3. Page Newman rect 12 Folware. DEATH MATED IF UNDER 24 HRS 4. RACE 6. AGE (In years last birthday) 2c. DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH 5/) YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH should be forwarded to the Chief Medical Examiner's Office along with form Nontgome Item 18. Give Pages the State NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done ID. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER lond 2 with 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. 13b. COUNTY Mont gomery Route 28-13.7.52. odmission) STATE Rockville YES NO X 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Inst LLNKNOWN .⊆ **ADDRESS** within (Yes, no, ar unknown) 5-26-748 /one E ony event within 72 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). be executed permit. PART I. DEATH WAS CAUSED BY: pending" IMMEDIATE CAUSE (0) Crushed. Chest: Sudden DUE TO, OR AS A CONSEQUENCE OF Trauma. from auto ascident. buriol-transit Canditions, if any, which gave) rise to immediate cause (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 or removal, CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗀 NO X 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING burial, cremation, Passenger in cor went out of control 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. State foctory, office building, etc.) WHILE NOT WHILE AT WORK Parite 108 + New Hamphiere It was enough FUNERAL DIRECTOR: P 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry 7 and in my opinion Natural causes , Accident Suicide . Homicide Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) Mongomery John G. 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (State) REMOVAL (Specify) 5-26-1968 Fairview Frederick Fred Buriel 24. FUNERAL DIRECTOR C. E. Hicks. 111 REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR VR ATSME TOM REV. 1/88

it some \$ -Q _____

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 26. НОЦВ First Middle [ast 2g. DATE OF DEATH 1. DECEASED-NAME remove corbon papers. Poges 1 and 2 any event, within 72 hours after death. (Type, or print) Month requires that the death certificate be executed within 24 hours after deat WITTTAM MEREDITH NTCHOTSON 6. AGE (In years JE LINDER 1 YEAR IF UNDER 24 HRS 4 RACE S DATE OF BIRTH 3. SEX last birthday) DAYS HOURS 2/18/84 male white 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign B. MARRIED NEVER MARRIED = WIDOWED DIVORCED [Montgomerv Maryland filled 120, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR INDUSTRY Farm give street address)
Montgomery Gene ral Hospt during most of warking life, even if retired.) physicion/and completely Olney 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Montgomery YES NO 🗆 9917 Main Street Maryland Damascus Middle 4. FATHER'S NAME Middle last 1S. MOTHER'S MAIDEN NAME First Lewis Nicholson Susie buriol, cremotion, or removal, and 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Medical Records Dept. of Yes, na, or unknown) 212-11-1691 Olney, Md no Monte. General Hospt. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: nelvovas cular IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ortera sclamis Canditions, if any, which gave) buriol-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been a director, page 3 should be detached for use as the should be filed with the State Dept. of Heolth prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? NO F YES [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. State 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn County While Nat while at wark 220. I certify that # (this hospital) attended the deceased from. Am 31, 1968, and that in (1997) (aur) apinian death occurred an the date and haur and from the Man saw the deceased alive an____ couses stated obove, ((we) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Chester LeeRoy Wagstaff 5000 Norbeck Rd. Rockville 23d. LOCATION (City or Town) 23b. DATE 23c - NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION Cemetery Beallsville Burial Beallsville Montgomerty Willy 250. REC'D BY REGISTRAN 24. FUNERAL DIRECTOR VR A15 (4) Rosabell G. Sandison Gaithersburg, Md 30M REV, 1/68 DATE

MAKILAND STATE DEPAKTMENT OF DEALTH

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1			AND STATE DEPARTMENT OF		
		, DIVISION OF VITAL RECOR	DS, 301 W. PRESTON STREET, BA	ALTIMORE, MARYLAND 21201	07223
1		11 87325	CERTIFICATE OF DEATH	H	10 4 79 75 17
20 h	DEC	CEASED-NAME First Middle	Last	2g. DATE OF DEATH	2b. HOUR
1		(pe or print) Howard	11-610	Month Dg	Y 1991 8 930 AN
1			Woble	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
3.	3. SEX	4. RALE	S. DATE OF BIRTH	157 last birthday)	MONTHS DAYS HOURS MIN.
1		1.1 W	12/131	11/2/	
	o. Bl	IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
1	.BUIII	Penna. U2S.A.	WIDOWED DIVORCED	Montgomery	Md
10	0. CI	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL O	R INSTITUTION (If not in hospital 12a. U	ISUAL OCCUPATION Kind of work done	12b. KIND OF BUSINESS OR
	R	ethes da Md. Grosvenor	- Lane Wursing	most of the fire of the fire of the fired.)	INDUSTRY Hotel
1	30. 1	USUAL RESIDENCE (Where deceosed lived, if institution: Residence bel		TY LIMITS? 13e. STREET AND NUMBER	
10	dmis	STATE Maryland 13b. COUNTY Washingt	/ vrc	NOTE RD 3	
1 =	A E	ATHER'S NAME First Middle to		VF First Middle	Lost
2:	-1. TA			,	
	1/	William T. Nob		Alice	Fleming
	Ιδα, Υε	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECUL (If yes give war or dates of service)	1-100		
-		es, no, ar unknown) (If yes give war or dates of service) 2/2-14	- /26/4 Miss Maude	E. Noble Smiths	burg #3. Md.
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and	d (c).)	1 10000	BETWEEN ONSET AND DEATH
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (G)	1 CULLATORY	(OCCAP)C	MINS
		DUE TO, OR AS A CONSEQUENCE	F OF		
		Conditions, if any, which gave)	A. S. H.D.		10 TVA
		rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE	E OF		
		stating the underlying cause DUE 10, DK AS A CONSEQUENCE	EFAIL APRITE	-KOSCLEUSI	28TYM
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	NOT RELATED TO THE TERMINAL DISEASE		1
		4200 11/16 Bh	AIN SVAIN	ROME OSTEOM	nothing 5 & Can
	NO.	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION W	AS PERFORMED. 20g. AUTOPSY?	285. IF YES, WERE FINDINGS	
	CERTIFICATION	170. DATE OF OPERATION 170. CONDITION FOR WHICH OPERATION W	9 / 2/	CHIEFE OF DEATHS	CONSIDERED IN CERTII LINGS
2	RTI	ACCIDENT WAS UNDERLYING			It 10.)
_		21d. ACCIDENT WAS UNDERLYING 21b. TIME DE HITURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day		Enter nature of injury in Part 1 or Port 2,	Item 16.)
	ĕ	(If either, notify medical examiner) P.M.	Al KT		
	×	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HAME, FARM, STRE	FF FACTORY.) 21f. LOCATION Street or R.F.D.	. No. City or Town	County Stote
		While Not while at work		10 1	10
		22a. I certify that (I) (this haspital) attended the dec	eased from	9 6 1, ta 5/4, 19	CV, that (I) (we) las
		saw the deceased alive an 3/3	19(a), and that in (my) (our)	apinian death accorred on the d	ate and havr and fram th
		causes stated gbave, (I) (we) (did) (did nat) view	the bady after death.		
		22b. SIGNATURE	ATTENDING X	MED. STAFF 22c.	DATE SIGNED
		Marker sware.	DEGREE PHYS.	MED. STAFF PHYS. D	7/4/20
1		22d. PHYSICIAN'S	27e ADDRESS	5 PIRKAINIE	A REVICE
	,	NAME (Type) CHAMILES SAVO	In rochall 1115	1 FOUNDIELE 1	1 Marie
	23a.	Destination and the second sec	E OF CEMETERY OR CREMATORY	23d, LOCATION (City or Town)	(County) (State)
		REMOVAL (Specify) 577/1968 Cea	toe Hill	Heencostle 1/2	tankles Pa.
	24.		DRESS 25a. REC	D BY REGISTRAR 256 REGISTRAR	S SIGNATURE
	-	matter of Dienz way	nesticto, la DATE	MAI (1900)	0

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 26 HOUR P 1. DECEASED-NAME Middle Last First 20. DATE OF DEATH (Type or print) Month Margaret Georgia O'Gara 968 Mav 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS IF UNDER 1 YEAR lost birthdoy) DAYS HOURS White 5 October 1906 Female requires that the death certificate be executed within 24 haurs 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED TO NEVER MARRIED Minnesota USA WIDOWED [7] DIVORCED [burial, crematian, or remaval, and in any event, within 72 Montgomery the attending physician and campletely filled, sit permit. Then please remove carban pape 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR The Clinical Center, NIH during most of working life, even if retired.)

Pharmacologist INDUSTRY Bethesda 130 JSUAL RESIDENCE (Where deceased lived if institution; Residence before 13c CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e STREET AND NUMBER YES 🖫 6649 Barr Road Bethesda 14 FATHER'S NAME First Lost IS MOTHER'S MAIDEN NAME First Middle John Kellev C. Mary Ellen Mullane 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT The Medical Records Address Yes, no, ar unknawn) (If yes give wer or dates of service) 113-07-4758 The Clinical Center, NIH, Bethesda, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Breast carcinomatosis 3 vears DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if any, which gove Cerebral edema 2 weeks rise to immediate couse (a), Page 4 may be retained by the haspital ar attending physician. **D FUNERAL DIRECTOR:** After this certificate has been signed by director, page 3 shauld be detached far use as the burial-tron shauld be filed with the State Dept. af Health priar to burial, crer DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Gastrointestinal hemorrhage 1 day PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES 🖼 NO 🗔 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUT NG CAUSE OF OFATH HOUR A.M. Month Dov (AT HOME, FARM, STREET, FACTORY,) 21f, LOCATION Street or R F D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at wark 22a. I certify that XX (this has pital), attended the deceased from 1 April , 19 68, ta 5 May , 19 68, that (x) (we) last saw the deceased alive on 5 May 19 68, and that incorps (aur) apinion death accurred an the date and haur and from the 19_68 , that \$2 (we) last causes stated abave, (by (we) (did) follows) view the bady after death. SIGNATURE 22c DATE SIGNED ATTENDING STAFF PHYS. 5 May 1968 DEGREE DIRECTOR 22e. ADDRESS The Clinical Center, National PHYSICIAN S James J. Nordlund, M. D. NAME (Type) Institutes of Health, Bethesda, Md. 2001/ 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE (County) (State) REMOVAL (Specify) Silver Spring, Maryland 0 5-8-68 Gate of Heaven 24. FUNERAL DIRECTOR 2So. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Charles VR A15 (4) ROBERT A. PUMPHREY, Bethesda, Md. 30M REV. 1/68 DATE



/ 1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FORSTATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HE AN EN ZABRT	1 D	ECEASED NAME Frst Midale Last 1 2a DATE KNOWN Manth Day Year 2b HOUR.
± \$\bar{a}{a} \bar{a}{a} \bar{a}{a}	(Type or Print) Margaret Singleton OBriant DEATH MAILD MEN 7 1968 6 5 MM
detoy	3, 5	78 M Man Of 1905 lost birthday) MONTHS OAYS HOURS MAN. Manth Dgy Year Color
ny dr. 1, 2, dr. PM	7a	BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
s 1,	COUN	
after deoth 8. Give Poges olong with for with the State leoth.	10. (CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol
er de iive ng w n the	120	Bethesole give street address) USJA. RESIDENCE (Where deceased lived, if institution: Residence before 13c (ITY OR TOWN) 3d MSDC (ITY LIM 152) 13e. STREET AND NUMBER
hours afte item 18. Gi Office olon 1and with		Mashington STATE AND NOTHING THE STATE AND NOTHING WEST A
hours tem Office and	14 F	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last
24 h n tte 's 0 s 1c		Elbert L. Singleton Ella Lassiter
INER: This certificate should be executed within 24 hours after deoth se certificate, writing the word "pending" in pencil in item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a burial-transit permit. File pages 1 and with the State Depotion, or removal, and in any event within 72 hours ofter deoth.		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Son 6292 Carnegie Drive (es. po. or unknown) (1 yes give wor or do-tes all service) 578-12-1252 Paul O'Briant Bethesda, Maryland
ed with per in per in per in 72 in 72		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) APPROX.MATE INTERVAL. BETWEEN OWSET AND DEATH
executed inding." If Medical I permit.		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonory Edemo. Immediate
exections and the sit possit p		Candit ans, if any, which gave) (b) Arterioseleratic Cardic Vascular Disease years
of be Chie tram		1.5 10 'millied of a controllence of
hauld be e word "per the Chief i uriol-tramsit		stating the underlying cause DUE TO, OK AS A CONSEQUENCE OF
This certificate shauld be executed willicate, writing the word "pending" in pe be forwarded to the Chief Medical Exard be used as a burial-trainsit permit. File or removal, and in any event within 72		PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)
rtifica riting rarded ed as vol. a	<u>S</u>	196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
this certificate, write forward be used in remova	CERTIFICATION	WAS PERFORMED? YES 🔊 NO
The filter of the filter of the form		21a EXTERNAL CAUSE WAS 21b TIME OF MJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) PRIMARY OR CONTRIBUTING HOUR A.M.
INER: The certification of the	MED CAL	CAUSE OF DEATH P.M. 19
X = 4 = 2	₹	21d INJURY OCCURRED WHILE AT WORK 21e P.ACE OF INJURY (At home, form, street, At WORK 21f LOCATION Street or R F.D No. City or Town County State State
L EXA xecute Poge for you OR: Pag		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀 Inspection 🔀 Inquiry 💢 and in my apinian
2 1 2 2 0 0		death resulted fram: Natural causes 🔼, Accident 🗌, Suicide 🗍, Hamicide 🔲, Undetermined manner 🗌
ITY DICA PLANTING PLANTING PRAL DIRECT Prior to bu		ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE SIGNED
UTY, ony, neroll be pri		MONATURE DEDUTY MEDICA EVANUED TO MARKE 9 1968
o DEPUTY necessory, please estime funeral director. 5 may be retained 0 IUNERAL DIRECTOR Health prior to bu		NAME (Type) JOHN G. BALL ADDRESS(Street, city town, or county) Bethesda, Md.
5	23a	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
	24	Burial 5-11-68 Maplewood Cemetery Durham, North Carolina FUNIFAL DIRECTOR ADDRESS 250 RECD BY REG STRAR 250 REGISTRAPT SIGNATURE
VR A15ME (5)	_	OBERT A. PUMPHREY, Bethesda, Maryland MAY 13 1968 Clienter Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death (Type or print) Month Dov France 0000 IF UNDER 1 YEAR 3. SEX 4 RACE S. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. ACMITING T DAYS HOURS lost birthdoy) 6-15-17 YRS. 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 125. KIND OF BUSINESS OR during most of working life, even if retired.) remave carban burial, crematian, ar removal, and in any event, wit campletely RESIDENCE (Where deceased lived, if institution; Residence before NO and 14. FATHER'S NAME MOTHER'S WAIDEN NAME First Middle Osacod physician 16b. SOCIAL SECURITY NO INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) -10-616711 wer APPROXIMATE NTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) Cardibvascular burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been of Health priar to use as the CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? YES [FUNERAL DIRECTOR: After this certificate irector, page 3 shauld be detached far ur 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HDW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Dov Year (If either, natify medical examiner) P.M. directar, page 3 shauld be detache shauld be filed with the State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while of work 220. I certify that (I) (this hospital) attended the deceased from _______, 19 46, to saw the deceased alive an _______, 19 46, and that in (my) (our) opinion dea 1961, and that in (my) (our) opinion death accurred an the date and have and from the couses stated above, (1) (we) (did) (did net) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED MED DIRECTOR PHYS. 22e ADDRESS 22d PHYSICIAN S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (County) 23o BURJAL CREMATION, **REMOVAL** (Specify) VR A15 (4) Pumphrey Inc. 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



1		MARYLAND STATE DEPARTMENT OF HEALTH
- 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
‡ 5		CEASED-NAME First Middle Last 2a, DATE OF DEATH 2b, HOUR
	(ype or pnnt) 4 bram W. Ostrander May 13 1918 1015 PM
	3. 5	X 4 RACE S DATE OF BIRTH 6 AGE (IN YEARS IF JINDER YEAR IT JINDER 24 HRS.
		May 27 (872 Idst birthday) VRS. MONTHS DAYS HOURS MIN.
	7o cau	WINDOWED DIVORCED DIV
1	10. (TTY OR JOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
١	3	SI/VET-Spring (COT) Benning ton Lane Den Get Transfer
	13a	USUAL RESIDENCE (Where deceased lived, ut institution, Residence before 13c. CITY OR TOWN 13d. INS DE CITYMITS? 13e/ STREET AND NUMBER
	_	100 / Jon 18 com s com o o Denning Con Hana
	14, [ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
	78-	Will DISCOUTE PURE ABOUT CORRESS BY SOCIAL STEINING BY WEADOWAY
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address 17 INFORMANT Address 17 INFORMANT Address Address
1	-	100 100 100 100 100 100 100 100 100 100
П		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY.
		IMMEDIATE CAUSE (0) COVONALY BUTTON TONDOSES COMYOCOLOGIA M
		Canditions, if only, which gave) DUE TO, OR AS A CONSEQUENCE OF
		nse to immediate couse (a), (b) Willes Arosk Corona by duc apparent Cardicoval of the
		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF A nterisciple disease.
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	_	T x v i
	ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
5	CERTIFICATION	YES NO CAUSES OF DEATH?
		21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19
	ME	21d INRIRY OCCURRED 21e PLACE OF INVIRY / AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or P. F.D. No. Ciby or Toylo
		While Nat while at work A township at work
		220. I certify that (1) (this hospital) attended the deceased from 1763, 19, to Ware 13, 1966, that (1) (two) last sow the deceased olive on 13 may 1966, and that in (my) (our) opinion death occurred on the date and hour and from the
		causes stated above, (1) (did) (did not) view the bady after death.
		22b SIGNATURE 22c DATE SIGNED
		Cures Conference MI) DEGREE ATTENDING MED. STAFF DIRECTOR PHYS. 1 1 Milesy L8
		22d. PHYSICIAN'S NAME (Type) ERNEST E. HARMON 226. ADDRESS 9301 COLES VILLE R.D. SILVER SPRING, M.D.
	00	
2	230	(BURIAL/CREMATION, REMOVAL (Specify) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) FOR THE LITERATURE CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
	L	FUNERAL DIRECTOR / C. ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
	1	VINI Chambers Co 855563AVE Note



		r 220	DIVISION OF V				MORE, MARYLAND 2120)1 ,) 2
	Т	tem#13e Film#G	hot 6/31/	68km	CERTIFICATI	OF DEATH			, b
1 = 2=	1 DE	CEASED NAME First		Middle	2	ast	2a. DATE OF DEATH		2b HOUR
deo	(I	ype or print) AA	OMI	NONE	PAUL		Manth 5	Day Year	1:40 M
	3. SE	X	4 RACE		S DA	TE OF BIRTH	6. AGE (In year	S OF UNDER 1 YEAR	IF UNDER 24 HRS
# (# j		F	W	7		5/5/02	last bythday)	YRS MONTHS DAYS	HOURS MIN
- 5 - 20 - 1			76. CITIZEN OF WHAT	COUNTRY?	8. MARRIED THE	VER MARRIED [7]	9 COUNTY OF DEATH		
4 h d in sers.	coun	RUSSIA	4.5	,	WIDOWED 🗔	DIVORCED 📋	HONTGOMER	4	Md.
filled in papers.	10. C	ITY OR TOWN OF DEATH	11 NAM	E OF HOSPITAL OR INS	STITUTION (If not in h	aspital 12a. USU/	L OCCUPAT ON (Kind of work		BUSINESS OR
ed within Saletely fille carbon pa	71	THOMA PARK	give sin	eet address) 4511. SAH	TARIUM	during m	ast of working life, even if retir HOUSE WIFE	Call together	r.Pike_
uted v		USUAL RESIDENCE (Where decease ssign) STATE	ed lived, if institut ar	Residence before	113c CITY OR TOWI	N _ 13d. INSIDE CITY LI	MITS? 13e STREET AND NUMBE	3 V. S. EVESSON	W/W.
ecuted with campletely give carban y event, wi		ssian) STATE MD,	130. COUNTY	ONTHOMER		Spring YES NO		00.011 Vry14	P
and comming of the page of the	14. F	ATHER'S NAME First	Middle	Last		HER'S MAIDEN NAME F	irst Midd	lie	last
ate be exection and college remain any		DORIS		KAPLI		DiN.	A.		
cate sicro plea , an		WAS DECEASED EVER IN U.S. ARM es, na, ar unknown) (# yes give w	or or dates of service)	6b. SOCIAL SECURITY I		//	Addre		
phy en aval	H			34 26-00		RY PHULL	HUS DAND)	Some	WATE INTERVAL
oth ce Iding It. Th		18. CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED						BETWEEN O	NSET AND DEATH
ne deat affend permit. ion, ar		, , IMMEDIA	TE CAUSE (a)	CARDIA	e HR	REST			
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at the		rise ta immediate couse (a),	4-1	ETERIO:	selerot	IE, HEAR	7. 1/13eas.a.	year	<u>s</u>
trian, creating the state of th	П	stating the underlying couse	DUE TO, OR AS	A CONSEQUENCE OF					
equires that the death certific physician. signed by the attending phys burial-transit permit. Then p burial, cremation, ar remaval,		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTION	NG TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)		
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after e haspital ar attending physician. his certificate has been signed by the attending physician and campletely filled in by the stacked far use as the burial-transit permit. Then please remave carbon papers. Pages 10 Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72 habs after	$ _{-} $	and had	Telana	Line	01 ((20112) 10 1112	TEMPINE PIDENCE ON			
law ndin bee s th iar t	TION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PE	RFORMED 2	Oa, AUTOPSY?	206. IF YES, WERE FINDI	NGS CONSIDERED IN C	RTIFYING
The law ratending has been se as the h priar ta	CERTIFICATION					YES NO	CAUSES OF DEATH?		
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CIA Sitelation of the Sitelation of the Sitelati	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	ier) PM.	Month Day Year	9				
hasp cer che pt. o		21d INTURY OCCURRED 21a	PLACE OF INJURY	T HOME, FARM, STREET, FA	(TORY.) 21f LOCATIO	N Street ar R.F.D No	City or Town	County	State
the this deta		at work at work							
by 1 fter be obe		22a. I certify that (I) (thi saw the deceased a	s haspital) atten	ded the deceas	ed from	@, 19_ <i>E</i>	7, to 5/5	, 19 <u>68</u> , that	(I) (we) last
ATTENDING stained by the CTOR: After I should be dith the State	П	causes stated abave	(I) (we)(did)(d	lid nat) view the	und ind, عبه المراجعة	ir in (my) (aur) api 1.	nian death accorred an it	ne date and naur	ana tram tne
OR ATTENI be retained biRECTOR: A ge 3 should led with the	ı	22b. SIGNATUBE	+ 1 C	7			ITD STAFF	22c. DATE SIGNED	
os be red w	ı	Nomas	41/5	Whanst	DEGREE	ATTENDING PHYS	IED STAFF PHYS.	5/6/6.	8
AL Day by		22d. PHÝSICIAN'S NAME (Type)	74,			22e. ADDRESS			
SPII 4 m 4 ER/ 1d b		WOIANO	n H. Rube				<u>w Hapshire Ave</u>		
Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar ta	230.	BURIAL, CREMATION, 23b. I REMOVAL (Specify)	DATE		CEMETERY OR CREM		23d. LOCATION (City or Town)		(State)
5		Burial 5-	8-68		Park Cem	etery 27.7 280. REC'D E	Westwood, Ne	rars signature	
VR ATS (4) 30M REV, 1/68		FUNERAL DIRECTOR Donald	l M. Steir		232 Carr	UUU	T REGISTRAK ZSD. REGIST	Clicarles &	udgla
JUM KEV, 1/68	H	ehrew Memorial	Funeral E	iome St.	ww, wash.	DC DATE	VA 8 1719R V		()

THEM # TOO ITIM #GHOT 3/31/ MAKITAND STATE DEPARTMENT OF HEALTH



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nin 24 filled pape pape fhin 77	10	CITY OR TOWN OF DEATH	31 NAME OF	HOSPITAL OR INSTITU	ITION (If not in hospital	120. USUAL O	CCUPATION (Kind of work done	12b KIND OF	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funezal e 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 one ed with the State Dept. af Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after the		OLNEY	give street o	ddress) NTGOMERY	GENERAL	during most	of working li	fe, even if retired.)	INDUSTRY	
ed w plete carb		USUAL RESIDENCE (Where deceos	ed lived, if institution: Re	sidence before 13	SULVER TOWN	13d. INSIDE CITY EMITS?	3e7 SIR	EED AND NUMBER 1	n Avenue	
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ane, ane	160	WAS DECEASED EVER IN U.S. ARM	und as define of comment	OCIAL SECURITY NO	17 INFORMANT			Address		
rtific Phys		Yes, no, or unknown) (I yes give v UNKNOWN	2.	2 <mark>7-07-1</mark> 87	7 MEDICAL	RECORD;	S	OLNEY,		
ng l		18. CAUSE OF DEATH (Enter on	ly one cause per line for	(a), (b). ond (c).)	P. Maria	1011	70		BETTAFEN O	MATE INTERVA. INSET AND DEATH
eath endi	L	PART I. DEATH WAS CAUSE IMMEDIA	D BY: ATE CAUSE (o)		ULMONI	HEY (0490	ESTION	48	Hes
affe d	L	49 mx	DUE TO, OR AS A CO	ONSEQUENCE OF	00 6	J	ا دار	_	Vac	
the the matter		Conditions, if any, which gave rise to immediate couse (a),	(b)		OF FO	ULMON	JALL		155	
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ysici ysici ned ial,	П	lost)	(c)		.11111/56	1117	ULPIO	PHEY.	/4.3	<u> </u>
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The 1c aftern after has by se as the price of the price o	CERTIFICAT	TYO. DATE OF OPERATION TYD.	CONDITION FOR WHICH OF	EKAHUN WAS PERFU	YES			OF DEATH?	COMPLEKED IN C	EKTETING
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rsic aspid certification	MEDICAL	(If either, notify medical examinated in JRY OCCURRED 121e	ner) P.M. PEACE OF INJURY (AT HO)	AE FARM, STREET, FACTORY	21f LOCATION Stree	et or R F.D. No.	City o	or Town	County	Stote
PH. his his effect of Dep	П	While Not while at work of work	OFFICE	BU-LDING, ETC	1			* 4)	
NG the de		22a certify that (I) (th	is haspital) attended	The deceased	Signa Hary	1966	, ta a	3 //07	9/08 , that	(I))(we) last
ND N		22a certify that (I) (the saw the deceased a causes stated above	rive on 33	100	and that in (m	y (aur) apınia	n death a	ccurred and the c	late and haur	and from the
F S S S S S S S S S S S S S S S S S S S		226. SIGNATURB	e (I) (me) (qiq r	view the bac	ly after death					
R A SECTION OF SECTION	`	220. SIGNATURE	1	man M	DEGREE PHYS	NG MED DIRECT	[]	STAFF PHYS.	DATE SIGNED	n 1.9
	L	22d PHYSICIAN'S	-1-, //9		220 ADD	223 Q			3/10	7.40.
RAIL RAIL		NAME (Type) DONALD	R. LEWIS,	M.D.	70	O CLOVER	LY STE	REET, SIL	VER SPRA	NG, Ma.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Paghauld be filled with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 hours	230	BURIAL, CREMATION, 23b	DATE	23c NAME OF CEM	LETERY OR CREMATORY	1 2	3d. LOCATION	Y (C'ty or Town)	(County)	(Stote)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		MEMONA (Spreaty) 5/	27/68	Rockvi	lle Comete	ery	Roc	kville,	Md.	,
VR ALAM	24.	FUNERAL DIRECTOR	uneral Hom	E JADORESS -	ock. Pike	2So. REC'D BY R	EGISTRAR	2Sb. REGISTRAR	S SIGNATURE	
30M REV 68	1	Apoll winegrer	Rockvi	lle. Md.		DATE				



	MAKILAND STATE DEPARTMENT OF REALTH
1 - 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
(- 1	CERTIFICATE OF DEATH
	1. DECEASED NAME Firsty Middle Lost Lost L2a. DATE OF DEATH 2b. HOUR
eoff art	(Type or print) as here C. Karson Main 19 Doy 1968 9P M
	3. SEX 4 RACE / S. DATE OF BIRTH / W AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS.
# (F (F)	Female White Oct 23 1894 loss pietary) YRS. MONTHS DAYS HOURS M.N.
by by	7.02.33
vithin 24 hou sly filled in b son papers. within 72 ho	(Ourtr)
nin 24 h filled in papers. thin 72 h	10 CITY OF JOHNN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not yn hospital 12a. USUAL OCCUPATION (Kind of work fone 12b. KIND OF BUSINESS OR
THE THE STATE OF T	give street address) / /// during most of working life even if retired.) INDUSTRY
w etel	13a USUAL RESIDENCE (Where deceased lived, if institution Residente before 1/3c, CNY OR TOWN // 3d INSIDE (TTY LIMITS? 13e, STREET AND NUMBER
icate be executed with sicion and campletely to please remove corbon 1, and in any event, with	admission STATE 13b. COUNTY Tarner Rockville YES NO 544 Boald avenue
D C C	14. FATHER'S NAME First Middle Lost
and and rem	Uster Thomas Command Anne Mayhugh
ond	The WAS DECEASED EVER IN U.S. ARMED FORCES? 15th SOCIAL SECTIFITY NO. 17 INFORMANY
e death certificote be attending physicion sermit. Then please on, or removol, ond	(by s. no. or unknown) (1 yes give wor or dates of service) 577-268-52/-A Mr. Pearson Same as Item 13.
cert P pl	18. CAUSE OF DEATH (Enfer only one couse per one for (a), (b), and (c))
ath if dia	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Create Pruf Education
attendi permit. ion, or r	410 9 DUE TO, OR AS A CONSEQUENCE OF
that the death certificate be executed van. by the attending physicion and camplete transit permit. Then please remove cort cremation, or removal, and in any event,	Conditions, it any, which gove)
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The law requires that the death certificate be executed within 24 hours after death. attending physician. has been signed by the attending physician and campletely filled in by an foneral se as the burial-transit permit. Then please remove carbon papers. Rage-Tol 42 the prior to burial, cremation, or removal, and in any event, within 72 hours and death.	lost. (c) ALS.C.V.
equires physition signed l buriol-ti burial, c	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ng en to to to	= 40. Multiple Myslome + Caremonic of Segment
YSICIAN: The law re ospital or attending certificate has been hed for use as the of Health prror to	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 1210. ACCIDENT WAS UNDERLYING 1210. TIME OF INJURY 1210. HOW INJURY OF CURRED (Fater nature of injury in Port 2 or Part 2 Item 18.)
The affi	YES NO LAGSES OF DEATH?
AN: al or icate for u Heal	
Partie de la company de la com	a [If either, natify medical examiner) P.M. 19
G PHYSIC the hospi this cert detoched te Dept o	
the detection of the property	of work of wark
DING PHYS by the hos lifer this ce be defoche Stote Dept	22a. I certify that (1) (this haspitol) ottended the deceased from 3/1, 1964, to 3/19/, 1966, that (1) (we) last
TENDING OR: After ould be outhout the Stot	saw the deceased olive on
ATTENCE retained ECTOR: A should with the	22b. SIGNATURE 22c. DATE SIGNED
OR OF THE CONTRACT OF THE CONT	DEGREE PHYS. DIRECTOR
At o	22d PHYSICIAN PH
PIT/ mm ERA IT, P	NAME (Type) STEPHEN N. JONES Rockville, Maryland
Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the buriof-transbould be filed with the State Dept of Health prior to burial, cree	230 BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5 5 5 W	5-24-08 Burial Parklawn Cem. Silver Spring, Maryladd
VR A15 (4)	24 FUNERAL DIRECTOR ROBERT A. PUMPHREY, Bethesda, Maryland 250. RECD BY REGISTRAR 250. RECTO BY REGISTRAR SIGNATURE QUESTE MAY 27 1968
30M REV 1768	ROBERT A. PUMPHREY, Bethesda, Maryland DATE MAY 27 1968

MAKILAND STATE DEPAKTMENT OF MEALTH

	42.4	533			CERT	TIFICA	ATE OF	DEATH			Reg. Dis	t. No.	
Page Milector	1. PLACE o. COL	OF DEATH INTY Mon	tgomery	get	MA	LAYLAND	2 USUAL RES	Mārý1		ived. If inst b. COUI	itution: Residence	• before odm	2 4
de de la companya de	ь. city che	LI and give one		mits, write	c. LENGTH OF STA	AY IN 16		Chas	·	le limits, wri	le RURAL and g	ve nearest to	wn)
a offer	d. NAA	AE OF HOSPITA INSTITUTION 河図科芸	L (If not in hospital 5515 C	_	•		d. STREET 5515 (St.,	Che	vy Cha	ON	ESIDENCE I A FARM?
es 1 of 1	3. NAME DECEA (Type o	SED	Elizab	eth	Kelly		eck 'eck	D11	4. DATE OF DEATH	Ma	Month	о _{оу} 17	Yeor 19 68
S with in	s. sex Fema	. 1	6. color or rac White	E 7. MARI WIDOW	RIED NEVER MAI ED 🔀 DIVOR	RRIED 🔲	Aug.		380	AGE (In yellost birthdo	ors IF UNDER	YEAR IF UN Days Hour	
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cate be sicion or re corbo	13. FATHE Rev		y Kelly					s MAIDEN N					
n certificate ing physicial e remove co i 72 hours of	IS. WAS E	nupromii] [H	IN U. S. ARMED FO	DRCES? 16.	SOCIAL SECURITY I		riformant	car B,	Ryde		Address nevy Cl	nase,	Md.
he death to other directions of within	1B. C	PART I. DEATI	H (Enter only one H WAS CAUSED BY MMEDIATE CAUSE	,	acete	(9.) MYD	cardia	l in	farite	on		OULL.	
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requires on. n signed sit pern	cous	e rise to im a (o), stating the groupe lost.	e under-	(c)									<i>,</i>
The low g physic has been brianter to crial-tro	FICATION A	201			CONTRIBUTING TO							PER	FORMED?
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PHYSI tol or o this cer or use a rematio	0	Haur a. m. p. m.	15	While	k at work	for	tory, street, offi	ice bldg., elc.]		No.	7.8	ounty)	,
ENDING The hosp Affer Sched f Suriol, o		certify the	t I attended t	ne deceas	6 13	L_3 at death		1.1249	M, from	the cause	that I I es and an th	e date sta	ated abav
OR ATT	ACTU SIGN	ALURE 7	Leko	y D.	unu.		M.D		ADDRESS (Stre	et, city or to	rwn, slate)		DATE SIGNE
HOSPITAL oy be retoin FUNERAL Dage 3 should e registror	NAM	E (Type)	Z2b. DATE THER		Dunn 22c NAME OF C	ELIEPERY O	D CREWATORY		má locatio	N (Ch. 1-			
noy k	REMO	AL DIRECTOR'S	5-20-6		E 1 mwood				Nor fo	1k, \	wn or county) Virgin EGISTRAR'S SIG	i a	fole)
VS A1S (4) 1SM 97SS	_			unera	1 Home,	Alex	.,Va.	DATE	MAY 9		ab ob f	ioneles	Judge

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

the case we shad the fille to be a second of the second of

	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH	12)
deoth.	1. DECEASED-NAME Pirst Parles Middle Letter 20. DATE OF DEATH Month 5 Doy 2/	Yeor 68 26 HOUR
The law requires that the death certificate be executed within 24 hours after death attending physician. has been signed by the ottending physician and completely filled in by the Tongral isse as the burial-transit permit. Then please remove carbon papers transfer the prior to burial, cremation, or removal, and in any event, within 72 bours gets death	Male 70 hite 4-20-88 (GP bythday) YRS. MONTHS	R 1 YEAR OF LINDER 24 HRS. DAYS HOURS MIN.
d in by	70. BIRTHPLACE (State or foreign country) 7b. CITIZEN OF WHAT COUNTRY WIDOWED DIVORCED 9 ON A TOPONO ON A	Jely Mc
within 24 ely filled bon page within?	Dethe 500 give street oddress) burban during most of working life, even it festired IND	KIND OF BUSINESS OR USTRE
executed with nd completely remove corbon any event, with	13d USUAL RESIDENCE ON here deceosed lived, if institution Residence before odmission) STATE 13b. COUNTY 100 1. 13b. COUNTY 100	ySt.
be exect and control of the and control of the anny of	14 FATHER'S NAMED First From Pere 15 MOTHER'S MAIDEN NAME First Belle Han	ritton
physicion and one physicion and one provol, and in any	16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (If yes give wor or dates of service) 578-22-0399 TINFORMANT Leafing Address 26.65	MT. Vernor
t the death certific the ottending phys sit permit. Then p nation, or removal,	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Aneurysm, abdominal aorta, ruptured	approx mate interval between onset and death 3 days
that the dian. by the otte transit pern	Conditions, if ony, which gove DUE TO, OR AS A CONSEQUENCE OF Artélosclésis, generalized, severe	
equires that the physician. signed by the burial-transit it burial, cremati	rise to immediate couse (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c)	_
4: The law requires the or attending physician, or the has been signed by use as the burial-tro calth prior to burial, cre	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
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IDING 4 by ti After 1 be d	22a certify that (I) (this haspital) attended the deceased from 1960, to May 2-1, 1960 as saw the deceased glive on 1960, and that in (my) (our) opinion death occurred an the date one	, that (I) (we) last I hour ond from the
O HOSPITAL OR ATTEN Poge 4 may be retained O FUNERAL DIRECTOR: director, poge 3 should	causes stated above, (I) (we) (did) (dro not) view the body ofter death. 221-SIGNATURE DEGREE PHYS ATTENDING MED. STAFF PHYS The DIRECTOR PHYS ATTENDING ATTENDING DIRECTOR PHYS THE DIRECTOR PH	GNED 21, 1560
O HOSPITAL OR Poge 4 mby be r. O FUNERAL DIRE director, poge 3	22d. PHYSICIAN'S NAME (Type) THOMAS L. HARTIMAN DEGREE PHYS 22e. ADDRESS 2001 I Street, N. W. W. Shington, D. C.	
OSP JNE 3	230. BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cou	nty) (Stote)
H ge of sight	Removal (Specify) Burlai 5-24-68 Parklawn Cemetery Rockville, Lary	
VR A15 (4) 30M REV, 1/68	14. FUNERA DIRECTOR PUMPHREY, Bethesda, Maryland DATE MAY 24 1968 REGISTRAR 1968	ORE JUNES.

MAKTLAND STATE DEPARTMENT OF MEALTH



1, %	Tae	MARYLAND STATE DEPARTMENT OF HEALTH On the state of the	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	, ,
HEALTH DEPT.		ECFASED NAME Type or Print) And DE TOLL TALLO 20 DATE KNOWN Month D	oy Yeor 2b. HOUR_
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deta	3. 5	19 ARCE White 6-13-87 6 AGE (10 y6075 F UNDER 1 YEAR IF UNDER 24 HRS 20. DATE PRONOUNCED DEAD 18 White 6-13-87 80 YRS MONTHS DAYS HOURS MIN MAY PE	Year 10 2 3 5 5 5
any defay is 2, and 3 to PM3. Page epartment af	70	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	- All
	coun	CZECH UIS, HI WIDOWED DIVORCED MONTGOME	=R/ Md
This certificate should be executed within 24 hours after death cate, writing the word "pending" in pencil in Item 18. Give Pages be forwarded to the Chief Medical Examiner's Office along with the Used as a burial-transit permit. File pages land 2 with the State of removal, and a ony event within 72 hours after death	7	akoma Park grash threaton Santarium Hospiduring most of working ite, even if retired) In	26. KIND OF BUSINESS OR ADUSTRY
hours after of them 18. Give Office along		LSCA. RESIDENCE (Where deceased lived, if institution residence before 13c CITY OR TOWN, 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER dmission) STATEMAN QN 13b COUNTY P HVATES VILLE YES X NO 8317-14-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	148
24 hours in Item 's Office is Land 2 is after	14 F	There's NAME First Middle Patrulanics Is MOTHER'S MAIDEN NAME First Middle	Nat Kouseon
within 24 in pencil in Examiner's Examiner's File pages 172 bours		WAS DECEASED EVER IN E. S. ARMED FORCES? (Somo, or unknown) (If yes give word dates all service) 160. SOCIAL SECURITY NO 17, INFORMANT HOSPITAL Records 2600 Car	moll Ave
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	A.	21d INJURY OCCURRED 21e PLACE OF INJURY (At name, form, street, white not whate foctory, office building, etc.) 21f LOCATION Street or R.F.D. No. (ty or Town)	County State
L EXAM Page 4 or your R: Page		AT WORK AT WORK	
ICAL EXA b execute for. Page ed for yo CTOR: Pag burroi, cri		220 certify that Look charge of the remains described above, held an Autopsy XI, Inspection XI, Inquiry XI, death resulted from: Natural causes XI Accident II, Suicide III, Homicide III, Undetermined manner	ond in my opinion
pleose I director retoined		deoth resulted from: Natural causes to Accident , Suicide , Homicide , Undetermined manner	J
ITY DICK ry, please e erol director be retoined RAL DIRECT prior to by		ACTUAL SIGNATURE SIGNATURE ASS STANT MEDICA. EXAMINER 22b. DATE SIGNATURE	GNED
o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your o Funeral DIRECTOR: Page Health prior to burioi, crem		EXAMINER'S PELDEN READ M. O. ADDRESS SHOEL STANDING OF COUNTY) MAY	6,1968
10 I	230	BJRIA PREMATION, 23b DATE 231 NAMEFOR COMPTERY OF CREMATORY 23d OGATION (Cy or Town) (C) REMOVAL (Specify) THE STATE OF CREMATORY (Specify)	ounty) (Stote)
	24	FUNERAL DIREGOR ADDRESS POR REC D BY REGISTRAR 25b. REGISTRAR SIG	NATURE
VR A15ME (5) 10M REV 1768		Jarthur Vallers 254 tarrest plate MAY 20 1968 John	les Judge



MAKTLAND STATE DEPARTMENT OF HEALTH

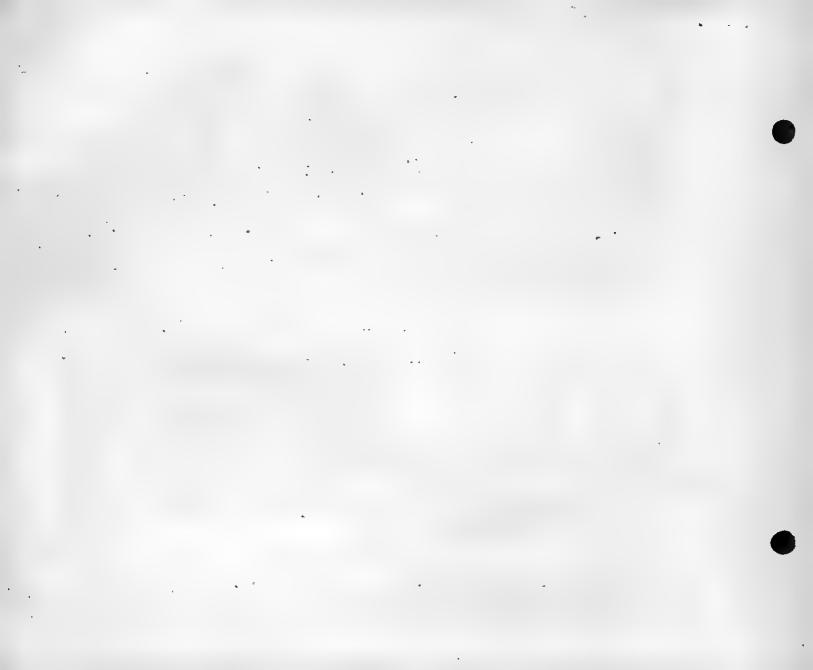
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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	11/
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it the di the att ssit peri		Conditions, if only, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF (b) Conditions, if only, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF	5Urs
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PHYSICIAN: e haspital ar his certificate stached far u Dept. af Heal	l ₹ l	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21b TIME OF INJURY 12c HOW INJURY OCCURRED (Enter nature of injury in Part 3 or Part 2, Item 1 19 21c HOW INJURY OCCURRED (Enter nature of injury in Part 3 or Part 3 or Part 2, Item 1 19	8.)
G PHYSIC the haspi this cert detached		21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) While Not white of work OFFICE BUILDING, FTC OFFICE BUILDING, FTC	,
NDIN d by After d be e Stal		22a. I certify that (1) (this haspital) attended the deceosed fram. saw the deceosed alive on 12 k 3 19 L, and that in (my) (our) opinion death occurred on the date on causes stated above, (1) (we) (did (did not) view the body after death.	_, that (!) (we) last id hour and from the
OR ATTER		22b. SIGNATURE ATTENDING MED. DIRECTOR D PHYS. D 22c. DATE S ATTENDING MED. DIRECTOR D PHYS. D	IGNED // 6-/
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Page To Fuy direct shau	Bu	REMOVAL (Specify) May 14, 1968 Parklawn Cemetery Rockville Maryla	unty) (Stote)
VR A15 4) 30M REV. 1/68	dir	arner E. Pumphrey, Inc. Silver Spring Md. DATE MIN 20 1968 Files	vies Judge

MAKTLAND STATE DEPAKTMENT OF HEALTH



	1	MARTLAND STATE DEPARTMENT OF HEALTH
. 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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in 24 iilled iilled iin 72	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR
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umplete	adr	ission) STATE M. 1 (13b COUNTY T) (VESTE NO. 1
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be execand cand can remain any	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
be n d in d	L.,	FRANK DECKISCI CARMEILA FINELLI
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ertificate b physician en please aval, and i	1	Yes, no, or unknown) (If yes give wor or dates of service) The FRAIN PARCELLE PROPERTY.
ert pl pl her		18 CAUSE DE DEATH (Enter only one course per line for (a) (b) and (c))
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G PHYSICIAN: 1 the haspital ar this certificate detached far us te Dept. of Healt	ı	
0 ← . ○ .		ul work
DING I by t Affer I be c		22a. I certify that (1) (this hospital) attended the deceased from 5 / 4, 1968, to 5 / 2, 1968, that (1) (we) last saw the deceased alive an 5 / 2 1968, and that in (my) (our) apinion death accurred an the date and hour and from the
		causes stated abave, (I) (we) (did) (did not) view the bady after death.
it by Stain	1	22b SIGNATURE
OR ATTENDIN. Be retained by SIRECTOR: Affei e 3 should be ed with the State		Norman H. Kulunder MJOGREE PHYS. DIRECTOR D STAFF DIRECTOR DIRECTO
L Ol V be		22d. PHYSICIAN'S 22e. ADDRESS 2
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should shauld be filed with the	L	NAME (Type) Norman H. Rubenstein MD
O HOSPIT Page 4 m O FUNERA director, shauld bo	22-	BURIAL, CREMATION, 23b DATE 23c STATMS OF GEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stope)
# B # 15 # 1	230	20 MOVAL (Specify)
5 5	1 6	Mills Mill heller there
VR A15(4)	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE Quadratic Party MAY 1 5 1968
30M REV. WAR	U	20. Charles Co 1400 Chosen Janus DATE MAY 15 1968



MAKTLAND STATE DEPAKTMENT OF HEALTM DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH aw requires that the death certificate be executed within 24 hours after death. (Type or print) Magth ELIZABETH the attending physician and campletely filled in by the funery sit permit. Then please remave carban papers. Pages, I gAc MARY POWELI. 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS White 1-24-93 Female. please remave carban papers. Pac I, and in any event, within 72 hours 7a. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (duntry) Maryland Montgomery United States WIDOWED F DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address)
Montgomery General Hospital Housewife INDUSTRY Olney Housewife 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13d INSIDE CITY JMITS? 13e STREET AND NUMBER admission) STATEMarvland 13b. COUNTY Montgomery YES NO TO Derwood 7628 Miller Fall Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last Middle Alexander Millar Marv Irons 166 SOCIAL SECURITY NO 17 INFORMANT 212-01-8282D Admission Reed., Mont. Gen. Hosp, Olney, Md 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na. ar unknawn) NO burial, crematian, ar remaval, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

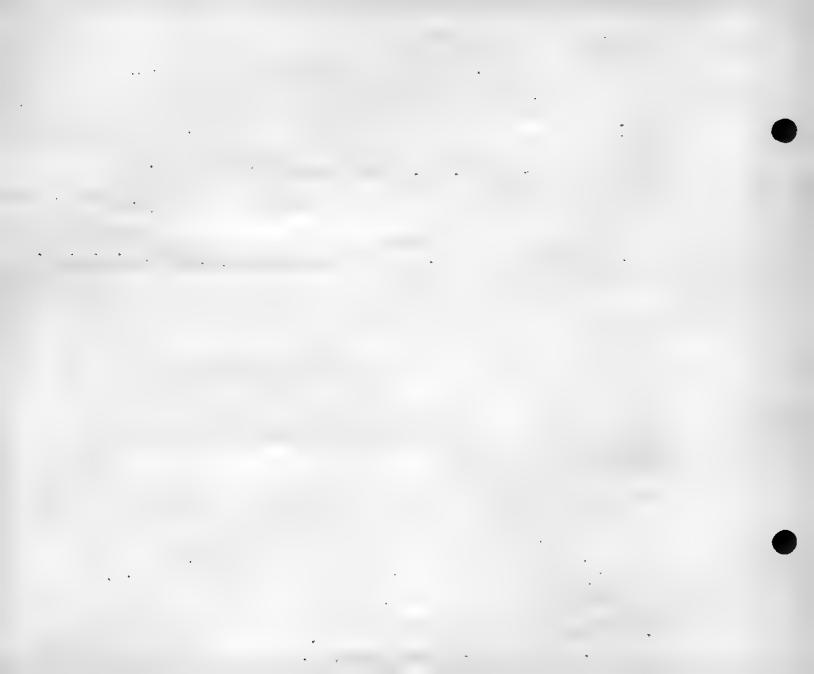
IMMEDIATE CAUSE (a) Intra- Cranial Hemorrhage DUE TO, OR AS A CONSEQUENCE OF 10) Av terro selevosis - Cevibro Canditrans, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 Bone Maurow Juppression as the Page 4 may be retained by the maspilar or ansurance of FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED SYZQOTUA DOS 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO | far use 21a ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. No 2 d INJURY OCCURRED City or Town County State While | Nat while | 22a. I certify that (I) (this haspital) attended the deceased from Sept., 1967, to 1965, that (I) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. PHYS 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) Montgomery General Hospital director, I 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 23a BURIAL, CREMATION, (State) REMENA (Specify) 5/8/68. Mt. Carmel Cemetery Baltimore. Md. 24 FUNERAL DIRECTOR 25g, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (1) 1968 Leonard J. Ruck, Inc. Barlto. Mat. 21214 DATE MAY



, 1	F 6-	18-58-á	MS DIAIZIO	N OF VITAL	MAKTLANU : RECORDS: 301	W. PRES	TON STREET, BA	OF HEALIH ALTIMORE, /	I Marylan	ND 2120	1			
FOR STATE	Ίt	em2a,Fi	lmGL01	6/3/MED	KAL EXAN	INER'S	CERTIFICAT	TE OF DE	ATH	0	7240		5734	(7)
HEALTH DEPT	1 0	ECEASED-NAME Type or Print)	Firs Rhan	t	Oma	lle	lost 12 inaus ka	1		DATE KN OF E DEATH MA	OWN DOD. Mont		Yeor 2	ь Hour м
	3 S	F•	4 RACE	S DATE OF	BIRTH 13⊷25	6 AGE (in y	BOTS IF UNDER 1 YEARY) MONTHS DAY		MiN 2c		MOUNCED DEAD	Yeo	12	HOUR
	7a caur	BIRTHPLACE (State try) Lith	or foreign	USA	WHAT COUNTRY?			D.VORCED	MON	Y OF DEATH	ERY			Md
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hours after Item 18 Giv Office along I and 2 with i	13o o	USUAL RES DENI dmission) STATE	(Where deceo	sed lived, if ns	MONT CC	before 13c.	SPRINGS	3d INSIDE CITY E	.MiTS7 .3	416 A	TLLINGI	ON		
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penci in caminer's le pages 72 haurs	16a. (1	WAS DECEASED EV	ER IN U.S. ARMED (If yes give	FORCES? wear or detec of service	16b. SOCIAL SEC		17 INFORMANT]	HJJB.1	iD	ADDRESS 13 a, 1	o, c, d	abov	e
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TO DEPUTY necessary, the funera 5 may be TO FUNERA! Health pr		SIGNATURE Z EXAMINER'S NAME (Type)				<i>J</i>	171,04	DEPUTY MEDICAL ADDRESS(Street,	L EXAMINER	12	5	- 2-5	5-6	<u></u>
TO FU	23a	BURIAL, CREMAT	() P	DATE 28/196			TERY OR CREMATORY Heaven C	1	23d. LO	CAT ON (Cit	ty or Town)	(County)		*)
VR A15ME (5) VI	24 R i	funeral directi naldi F	OR .			Wa	orgia Ave	e 250 RECD	BY REGISTI	9 19	25b REGISTRA	SIGNAL	Judg	R.
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Items	s 18&22a Film 400 MARYLAND STATE DEPARTMENT OF HEALTH -68 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 (B
Type o	ED-NAME TO First Middle Campbell (NMN) Ramsay DEATH KNOWN Month Doy OF ESTI DEATH MATED \$5-6	Yeor 26 HOUR
Modeloy is	4 RACE S DATE OF BIRTH 6 AGE (a years F JMDER 1 YEAR F UNDER 2 AME 2c DATE PRONOUNCED DEAD 10 MONTHS DAYS HOURS MIN. Magify DAYS MONTHS	2d HOUR
A BIRTHE	PLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED 9. COUNTY OF DEATH	.968 4 5M
the party of the p	D. C. U.S.A. WIDOWED DIVORCED Montgomery	Md.
after death 8. Give Pages 1, along with the State Death 10. CILA OIL 110. CILA OIL 120. CILA OIL 120. CILA OIL 130. CILA OIL 140. CILA OIL 150. CILA	R TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 146 during most of working [fg. even firet red.] INDUS	K NO OF BUSINESS OR
affer death 3. Give Page alang with the State 7/ 10 AILD 01 10 AILD 01 10 AILD 01	Koma Fark Wash Jan & Hospital Isurner Mechanic	0.1
hours affer 18. Gifter 18. Gifter 19. Gifter 19. Gifter along 19. Gifter along 19. With affer death 19. With a graph of the second of the seco	an) STATE Maryland 36 COUNTY ontgamery Silver Spring YES & NO 0 807 Dryde.	n Street
14. FATHER	RS NAME FIRST Middle tost IS MOTHER STMA, DEN NAME First Middle	Last
hin 24 nord in 24 nord		erson
NER: This certificate shauld be executed within 24 hours certificate, mriting the word "pemding" in pencil in Item I hauld be farwarded to the Chief Medical Examiner's Office iles. Shauld be used as a burial-transit permit. File pages I and 2 tran, ar remayal and in any event within 72 haurs after a representation.	DECEASED EVER IN U.S. ARMED FORCES? 1, or unknown) (Myes give ward digles of service) 579-05-249 Rhorockin Raymony 807 Druggers St. S.	Lexue
This find 18.	CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed in periodical in the medical E ansit permit. F event within 181	IMMEDIATE (AUSE (a) Address Colonially Linda Lizations,	
no) nsit	DUE TO, OR AS A CONSEQUENCE OF dimans, if any, which gave (b) Severe arteriosclerotic heart disease	
word he Ch he Ch asu	ta immediate cause (a), (DUE TO, OR AS A CONSEQUENCE OF	
shauld be end word permanent at the Chief I burial-transit in any even	(t)	
This certificate shauld to the cate, marting the word be farwarded to the Ch. be used as a burial-training intermedial and in any well reflection.	2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
s certifii forward forward amaval FIGT ON	DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his certificate, artitive afterward be used or remayal	WAS PERFORMED?	YES NO
ifficate d be old be ol	EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18 HOUR A.M.)
NER: T should b files. 3 should b medican, or medican, or	JSE OF DEATH P.M. 19	enty State
≥ £ 4 = 0 € m	IN.URY OCCURRED 21e. PLACE OF IN.URY (At hame, farm, street 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCATION Street or R.F.D. No City or Town Countries 21f LOCAT	31ly 31d16
ICAL EXA Tan. Recute tar. Page ed far yau CTOR: Page burial, cre	22a. I certify that I took charge of the remains described above, hold an Autapsy 📈 Inspection 💢 Inquiry 💢	and in my apinian
Se se se cotor need need by by	death resulted from Natural causes 🗵, Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined manner 🗍	
plemse direct direct retoine ar to the direct to the direc	TUAL CHIEF MEDICAL EXAMINER 226 DATE SIGNE	n
ary, neral be be pri	MD ASS STANT MEDICAL EXAMINER 225 DATE SIGNE AMINER'S DEPUTY MEDICAL EXAMINER AMINER	1010
	ME (Type) DELDEN & EAR MID ADBREST STORY OF COUNTY) AND COUNTY)	1768
23a. BUR	IAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d, LOCAT ON (City or Town) (County)	
TO BHEE	phone Courter (6) 1 1968 Cedar Mill Cemetery Dutland Mary Lan	TURE_
VR A15MB (5) 10M REV 1/68 Wa	rner E. Pumphrey. Inc. Silver Spring Md. DATE MAY 10 1968 Ichard	es Judge



1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1577
HEALTH DEPT.	1. D	CEASED NAME First Middle .ast 2a DATE KNOWN Month !	Doy Yeor 2b HOUR
lay is 13 ta Page ent of	1	vycauces R. Raulinaitis DEATH MATED Play	25 1968 M
delay is and 3 to May Page Iment of	3 5!	MM 2010M 2VIO HTMM Indian	2d HOUR
P F F		M W Apr 3,1918 50 YRS	Year 19 68 M
epe 2.		IRTHPLACE (State or fore gr. 7b CIT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
		TY) Lithuania U.S. WIDOWED □ DIVORCED □ Montgomery	Md.
Pages with the State	1	TY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital durgo most polywork notific even if ret red.) II NAME OF HOSPITAL OR INSTITUTION (If not in hospital durgo most polywork notific even if ret red.)	2b. KIND OF BUSINESS OR NDUSTRY
~ ~ ~ ~ ~ ~ / /			
afte alan with	130	100	1 Idlewood RD
hours after lem 18. Gr Office alang 1 and 2 with	14 5	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	
ho Her Off Off after	14. r		Gerulyte
hin 24 hours after death neil in Item 18. Give Page niner's Office alang with pages 1 and 2 with the Stahaurs after death.	160	WAS DECEASED EVER IN U.S. ARMED FORCES? LIAN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS SOT	Idlewood Ro
ithir enci min pa	(Y		veland, Ohio
d with per Exart File		18. CAUSE OF DEATH (Enter anly one couse per line far (o), (b), and (c).)	APPROXIMATE INTERVAL
inter met Althu		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Injuries, multiple, severe	Instantaneou
mdin Med Med per		812 1 DUE TO, OR AS A CONSEQUENCE OF	221300110011001
be ("pel		Conditions, if only, which gove) and anything a considerat	
ord ord		rise to immediate couse (a), stating the underlying cause DUE TO, OR AS A CONSQUENCE OF	
te shauld be executed the word "pending" i 1 ta the Chief Medical a burial-transit permit nd in any event within		lost. (c)	
o DEPUTY SICAL EXAMINER: This certificate shauld be executed within 24 hours after death necessary, please execute the certificate, writing the word "pending" in pencif in Item 18. Give Page the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with 5 may be retained for your files. D FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit File pages land 2 with the Statement prior to burial, cremation, ar removal, and in any event within 72 hours after death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
iffica iting ordec 1 os al, a	N/C		
wr Jrwe Usec	CATI	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
VER: This certil certil certil certil certilicate, writ nauld be farwar les. shauld be used tion, ar remava	CERTIFICATION		YES TO MO
	AL C	DDIMARY FIRE CONTRIBUTION FILE HOURS A.M.	n 18.)
NER.	EFDICAL	CAUSE OF DEATH 12:05 5/25/6819 Car hit in side by another car 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f.LOCATION Street or R.F.D. No. City or Town	County State
AM the the the second s	_	21d INJURY OCCURRED 21e PLACE OF INJRY (At home, form, street, foctory, office building, etc.) 21f.LOCATION Street at R.F.D. No. (ity or Town Rt. 29 Fairland Rd. Mont. Maryl	· ·
cessary, please execute the certice funeral director. Page 4 shauld may be retained for your files. FUNERAL DIRECTOR: Page 3 shauld alth prior to burial, cremation,		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection, Inquiry	
CAL exe or. f d fo d fo		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner [
please I directe retaine		CHIEF MEDICAL EXAMINER	_
age di di		ACTUAL 20h DATE SI	GNED _
EPUTY Ssary, please extunered director. by be retained in prior to builth		DEPUTY MEDICAL EXAMINER	25 60
necessary, please ethe funeral director 5 may be retained for Funeral Director Health prior to bu		NAME (Type) John Rodgers ADDRESS(Street, city, town, or county)Silver S	pring, Md.
nece the 5 mc	230	BURIA, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
]	BURIA. (REMATION 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (REMOVA. (Specify) May 29,1968 All Souls Chardon,	Ohio
ND 43545 (5)	Re	TOTAL AND THE PROPERTY TO THE TOTAL	
VR A15ME (5) 10M REV 1/68		Bethesda, Md. 20014 DATE JUN 4 1968 your	les judge

MAKITAND STATE DELAKTMENT OF HEATTH



MAKTLAND STATE DEPARTMENT OF HEALTH



1	Ι <u>t</u> .	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2)201,	
FOR STATE	Ιt	em 22a Film 402 7-MEDICAL EXAMINER'S CERTIFICATE OF DEATH	* *
HEALTH DEPT.		DECEASED NAME First Modie Lost 2a DATE KNOWN Month Day Type or Print) Day	
ny delay is 2, and 3 to PM3. Page partment of	3)5	A RACE S DATE OF BIRTH 6 AGE IN YOURS IF JINDER 1 YEAR IF UNDER 24 HRS 2C. DATE PRONOUNCED DEAD	Year 1968 3P M
Depar Pr	70 caur	BIRTHPLACE (Store or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH U.S.A. WIDOWED DIVORCED MONTGOMERY	
to a	10. (CIT OR TOWN OF BEATH IT NAME OF MOSPILAL OR INSTITUTION (IS BUT IN BUSPIUS 120. USUAL OCCUPATION (Kind of Work done 120	KIND OF BUSINESS OR USTRY
18. Give alon with the	130	USUAL RES DENCE (Where deceased I ved, if institut on Residence before 13c. CITY OR TOWN 13d MISTOE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Md. 13b COUNTY Montgomery Silver Springs No 94-06 Biltmore	MA. Drive
hin 24 hours afte ncil in Item 18. Gi niner's Office alon pages land 2 with hours after death	14. [FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
within 24 hours after death pencil in Item 18. Giver Pagaxaminer's Office along with the State pages 1 and 2 with the State 72 hours after death	16a.	Walter W. Reese Elsie May WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dottes of service) Yes (If yes give wor or dottes of service) Yes Walter W. Reese 9406 Biltmore Dr.	S-S-Md
executed wanding in p. Medicol Exc. Tipermit. File of the permit. File of the permit.		18 CAUSE OF DEATH (Enter on y one couse per time for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning in Potomac River	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
De executive pendin ief Med msit pen		Cand trons, if any, which gave)	5 Min.
word the Ch		nse to immediate cause (a), stot ng the under ying couse lost Out TO, OR AS A CONSEQUENCE OF	
icote s ng the ded to os a bu		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
INER: This certificate should be executed within 24 hours after a certificate, writing the word "pending in pencil in Item 18. Gir should be forwarded to the Chief Medical Examiner's Office alon files. 3 should be used a burial-transit permit. File pages I and 2 with notion, ar removal, and in ony event within 72 hours after death	CERTIFICAT ON	190 DATE OF OPERATION 196 COND.T.ON FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO 2
AL EXAMINER: This execute the certificate, or Page 4 should be for for your files. TOR: Page 3 should be uriol, cremotian, ar ren	MEDICAL CER	216 EXTERNAL CAUSE WAS PRIMARY OF INJURY Month, Doy, Year HOUR A.M. CAUSE OF DEATH 216 TIME OF INJURY Month, Doy, Year HOUR A.M. 10 xpmc 5/14 168 Peccased deliberedly went in riv	
	MEI		ounty State
ICAL EXA to execute tor Poge ed for you CTOR: Pog burnol, cre		220. I certify that I toak charge of the remains described above, held an Autopsy , Inspection , Inquiry , death resulted from: Natural couses , Accidentally, Suicide , Homicide , Undetermined monner .	and in my apinion
pleo Il dire retoi I DIR		ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNAT	
EPU SSOI fune by t		EXAMINER'S NAME (Type) John G. Ball DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)	}
TO DI nece the 5 m 5 m Heal	230	BURIA., (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cou	unty) (Stote)
VR A15ME (5)	1 7.	Glen Cart ADDRESS 250 REC BY REG STRAR 25b. REGISTRAR'S SIGN.	ATURE PERMA



THE PROPERTY OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. Suburben Hosp PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY **Nontenant** b. COUNTY Montgomery Haryland Montgomery hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Bethesda c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laytonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Bethesda Suburban Hosp ON A FARM?. NO Z YES death certificate be executed within NAME OF First Middie Last DATE Month DECEASED (Type or print) corac DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In Years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Davs Hours Male 26-1901 White WIDOWED [10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Gaithersburg. Md. Montg Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гетоуа William E. Riley Annie M. Reed 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ed by the attenctransit permit. Gaithersburg.Mo 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give war or dates of service) Maie Kidwell Riley. 204 Rolling. Hd 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. signed been signed the burial-tr or to burial, c Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health 1 PERFORMED? YES ATTENDING PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20f. (City or town) (County) Hour a.m. After Id be d Not While While at work at work p.m. 1960 to 5-9-21. I certify that (1) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the 1968, and that death occurred at 750 AtM. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED page MED.
DIRECTOR M.D. HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS N. Frederick director, p should be 1 NAME (Type) Milton D. Westberg. M.D. Gaithersburg, Md. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAS (SPECIFY) 5-11-68 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Gaithersburg. Forest Oak. 25a. REC'D BY REGISTRAR | 25b. MAY 1 3 1968 Appress Gaithersburg REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Gartner. Markey VR AI5 20M



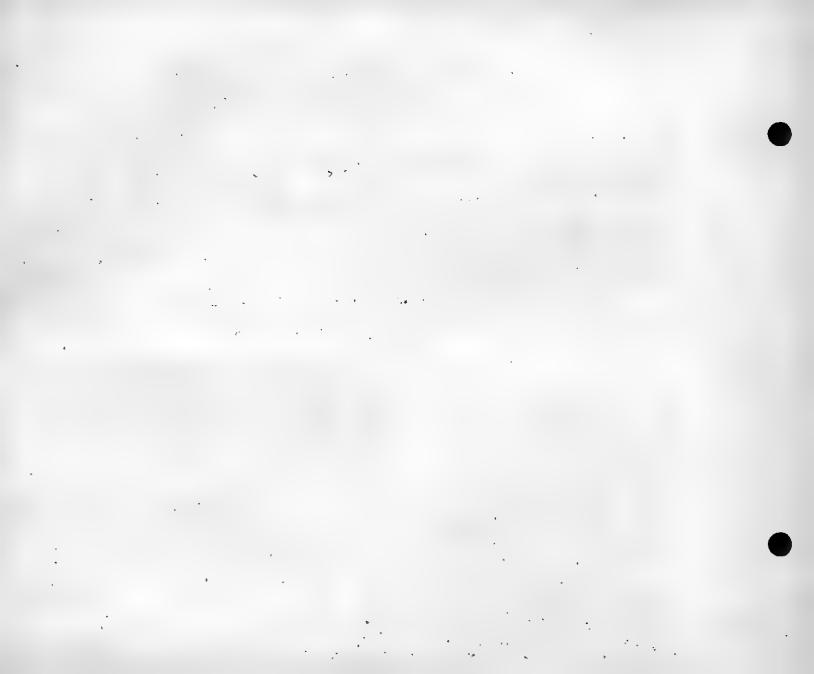
. 1	1			D STATE DEPARTMENT OF		
/.		2011	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	,
- 1/		how its -		CERTIFICATE OF DEATI	1	** ***
£ 25	1 DE	CEASED NAME First	Middle	Lost	2g. DATE OF DEATH	2b. HOUR
de and de att	(T	(pe ar print) SARAL	A	Riley	Manth Day	Year 10 20 M
or deot	3. SE		4 RACE	S. DATE OF BIRTH	6. AGE (In years	F JNDER 1 YEAR F JNDER 24 HRS.
# * ***					last birthday)	MONTHS DAYS HOURS MIN
urs aft		EMALE	White	1-13-8	1 103	
hours after deoth in by the funeral rs. Poges I and I hours after death	7a. B		75. CITIZEN OF WHAT COUNTRY?	8 MARRIED MEVER MARRIED	9. COUNTY OF DEATH	Λ .
7 T X C	1	Duomino	USA	WIDOWED 🔀 DIVORCED 🗌	MONTGOMERY (LOUNTY Md
	10 C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If nat in haspital 12a. U	SUAL OCCUPATION (Kind at work done	12b. KIND OF BUSINESS OR
i ty	ς.	LUEE Spring	give street address)	Hospital during	most of working life, even if retired.)	INDUSTRY home
t eet	13a	JSUAL RESIDENCE Where decease	lived, if institution Residence before	LANCITY OR TOWN A 3d INSIDE C		022.14th Ave.
requires that the death certificate be executed within g physicion. signed by the offending physicion and completely as buriol-transit permit. Then please remove corror of buriol, crematian, or removal, and in any event, within	damı	BRULAND	13b COUNTY CONTROL OF THE PARTY	YES X	NO DANGER CONTROL	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
d co		ATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAM	E First Middle	Last
be an		Thomas	Latter	tu MXX	Mary	Lunch
ion ion ond	16a.	WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SECURITY		Address	CH/IC/I
fico yysic al, o	Y	se na, ar unknawn) (If yes give war	or dates of service) 577-30-83	35 Mrs. Josephi	neth Hawkins 4812	Wilma Wan Rook
ph hen nov					NEW RAPIS 4812	APPROXIMATE INTERVA.
ing the rem		PART 1. DEATH WAS CAUSED	ane cause per line far (a), (b), and (c)	00		BETWEEN ONSET AND DEATH
end mit.	Н	PART 1. DEATH WAS CAUSED IMMEDIAT	E CAUSE (a) Fulmon	ary embolis		Less than 5 minutes
off an,		18/0	DUE TO, OR AS A CONSEQUENCE OF		4	A. /
the the poting		Canditians, if any, which gave	(b) left elea	a vem thrombose.	2	Unkorown
no on ren		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	1 -1 -2 (*	4- 0
es l sicio ed l ol-tr	Ш	last	(c) Carcenin	a of the lift to	educe	llatenoun
days orac		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART I(a)	
Teg In S In	ا ـ ا	1. 2				
law bee th	100	19g. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
he offee las	CERTIFICATION			YES E NO	CAUSES OF DEATH?	
in Table in the house of the house	ER I	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		inter nature af injury in Part 1 or Part 2,	tom 181
al al for He		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year	Zit. How hook occorded (and horde at many in the for the z,	10.1
SIC Spit of of	MEDICAL	(If either, notify medical examine			N	
G PHYSICI the hospit this certif detached	~	21d INJURY OCCURRED 21e. P	LACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC	TORY) 21f. LOCATION Street or R.F.D.	No City or Town	County State
the det		While Nat while at wark				
IN by Properties of the proper	Н	22o. I certify that (I) (this	hospital) ottended the deceas	ed from Are []	960, to May 17, 19	that (I) (we) lost
ed ed lid	l	sow the deceased oli	ve on May 16	hady after death	opinion deoth occurred on the do	te and hour and from the
F F F F F F F F F F F F F F F F F F F		22b. SIGNATURE	(1) (we) (ara) (ald not) view the	body offer deom.		DATE SIGNED
OR ATTENDIN be retained by JIRECTOR: Affee e 3 should be ed with the Stat		220. SIGNATURE	11-100	ATTENDING (MED. C STAFF	· 11/73
Die be		(Color	- IT - Malin	DEGREE PHYS.	DIRECTOR L PHYS L M	iay 17 1868
May Po Po File	Ш	22d. PHYSICIANS NAME (Type)	и п.	220: ADDRESS 6	corgia line Silver &	erino med
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-fron should be filed with the State Dept of Health prior to buriol, cre-		TIEDZOR	H. Iranm			The state of
HC oge irec	23a	BUR AL, CREMATION, 236 DI	1	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5 5 5 s				seph Cemet ry	Rock Springs,	Wyoming
VR A15 (4)		FUNERAL DIRECTOR C. GLO	n Carter Cappens	1 Gards 250. REC	D BY REGISTRAR 2Sb. REGISTRARS	SIGNATURE GARAGE
30M REV 1/68	We	uner E. Pumpha	ey Inc. 8434 Geor	gia Ave. SS DATE	MAY 24 1968 gcl	CONTRACTOR OF THE PARTY OF THE
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-S 1			. 1214	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA		1
			ひっちなる		CERTIFICATE OF DEATI		., i354
deoth. neral ond 2 deoth.		T) DE	CEASED-NAME First /pe or print) ; /		last P	2o. DATE OF DEATH Month	Day Year, 2b. HOUR
uner Tor		3. SE		LEN F.	1 0.55 Is. date of birth	may	IF UNDER YEAR IF UNDER 24 HRS.
seus after deoth.		3. 3E	·	14. KACE 2.1	MARCH 31.	6. AGE (In years last birthday)	MONTHS DAYS HOURS MIN
	_	7a. E	IRTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	YRS.
五	×	coun	Tillnois	U.S A.	WIDOWED DIVORCED	MONTGOME	Q V Md.
filled fring			TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I	NSTITUTION (If not in haspital 12a. L during	JSUAL OCCUPATION (Kind of work of most of working life, even if retir	ane 12b KIND OF BUSINESS OR
d witletely or bor nt, wij	4	_	SILVER SPRING	give street address) CHI NURSING & Corr sed lived, if institution Residence before	U. ICENTER 5	CHOOL TEACHER	2
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nd c		14 F	ATHER'S NAME First	Middle Lost	The second secon		
be be on a see i	٩	38	MES SHAP	PREDERIC			HALL
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ng p			18. CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), and ((1)	. 1	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
ie death ottendii permit. ion, ar re			PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (o)	ral tradecelles	accident	3 months
oth ion,			4069	DUE TO, OR AS A CONFEQUENCE O	fr. C.	0	
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equires that the physicion. signed by the burial-tronsit burial, cremat			stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE O	F 0		9
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AN: The law r al or attending cote has been ar use as the Health prior to	Х	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS I		CAUSES OF DEATH?	NGS CONSIDERED IN CERTIFYING
ore or use			21a. ACCIDENT WAS UNDERLYIN		21c. HOW INJURY OCCURRED (E	inter nature of injury in Part I ar Pa	rt 2, Item IB.)
Pitch Pitalification of the		MEDICAL	(If either, natify medical exami	ner) P.M.	19		
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IDING I by t After I be o			22a. I certify that (I) (th	is haspital) attended the decea	sed_from 9-29, 1	965, to May	, 19 <u>68</u> , that (1) (we) l ast
END ned Nr. A uld			saw the deceased a	alive an	19 (a.K., and that in (my) (aur)	apinian death accurred an th	e date and hour and from the
ATTE etaine crors shauf rith th			22b. SIGNATURE	(1) (1) (1)		NED ATARE	22c. DATE SIGNED
OR be r			Simon	C. Weiner	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS	5-1-68
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HOS Je 4 Greto ould	0	23a	BURIAL, CREMATION, 23b	DATE, 235 NAME O	F CEMETERY OF CREMATORY	23d LOCATION (City or Town)	(State) (State)
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VR A15 (4 30M REV. 1	[4] 1/68	24	ETHERAL DIRECTOR	29 2571 Garage	Der St. Complete	BY REGISTRAR 256, REGIST	Cliante Judge

MAKTLAND STATE DEPARTMENT OF HEALTH



_	1			ID STATE DEPARTMENT O		
1			DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, B/	ALTIMORE, MARYLAND 21201	
" TOC (NA)		01390		CERTIFICATE OF DEAT	H	155
= -2		CEASED-NAME First	Middle	(2 Lost	20. DATE OF DEATH	2b. HOUR
9 200	,	ype or print) ANNA	MAE	KOVER	Month Day	Gegr 12-AM
章 气量 /	3. S	X	4 RACE	S. DATE OF BIRTH	6 AGE (In years lost birthday)	IF UNDER 1 YEAR IF JHOER 24 HRS MONTHS DAYS HOURS MIN
s at	-	mile	White	may 3/8	SO YRS.	and the second
hours in by rrs. Pe	70.	SIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	/
24 by	1	(G.S.). D.C.	USA	WIDOWED A DIVORCED	Montgomery	Md.
OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. De retained by the hospital or attending physician. NRECTOR: After this certificate has been signed by the attending physician and completely filled in by the femeral et 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and with the State Dept. of Health prior to buriol, tremotion, or removal, and in any event, within 72 hours often permit.	10	of town of DEATH	give street address)	STITUTION (If not in hospital 120 durin	JSUAL OCCUPATION (Kind of work done g most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
d w letel orbo	130	USUAL RESIDENCE (Where deceos	ed lived, if institution. Residence before	13c, CITY OR TOWN 13d INSIGE O		
ecuted with completely ove corbon y event, with	odm LL	ssion) STATE	13b. COUNTY	YES 🗌	NO 5415 CONV.	QUE Apt. 620
e exe and c remo	14.	ATHER S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAM	AE First Middle	Lost
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he att		Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	,/ //		
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the things of the control of the con		of work of work		1/1/	18 10	<u> </u>
Star Star	П	22a I certify that (I) (th	is haspital) attended the deceas	ed from	g OU_, ta, 19.5 apinian death accurred an the dat	that (I) (we) last
R: A		saw the deceased a	e, (I) (we) (did) (ad nat) view the	bady after death.	apinian death accurred an the dai	re and navi and tram the
Per	П	22b SIGNATURE	7, 21	7 /		ATE SIGNED
OR DOR DOR DOR DOR DOR DOR DOR DOR DOR D	ı	Jalker	U. Shay	M DECREE PHYS	MED STAFF DIRECTOR PHYS	
AL Dog		22d PHYSICIANS	H Comman M D	22e. ADD RESS	th St. N.W., Wash.	D.C.
TO HOSPITAL (Poge 4 mby b TO FUNERAL D director, poge should be file		NAME (Type) Luthe:				, 0.0.
HO Sge FUN Fou	230	BURIAL, CREMATION, 23b		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
57 5 12 12 12 12 12 12 12 12 12 12 12 12 12				Olivet Cemetery	Washington, D.C	
VR A15 (4)	30	FUNERAL DIRECTOR LET'S	Sons, Inc. ADDRESS	250. REO DAT M	D BY REGISTRAR 25b. RECISPAR'S 1968	and Judge
30M REV 1/68			Ave. N.W. Wash.	D. C. 20016 DATEM	41 13 1000 /	



	Carried Street August 1997 - DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	•
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month Day Year 2	2b, ноик
is on a second	(Type or Print) Benjamin Proctor Rowe DEATH MATED 5 28 1968	2:34
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3.3 g e	Male Canco Deca 5, 1892 1892 TS YRS. HOURS HAN Month 5 Doy 28 Year 19 68	2: AL
P 20,2 y	70 BIRTHPLACE (Stote or foreign 7b CIT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 7 9. COUNTY OF DEATH	
	COUNTRY Kentucky U. S. A. WIDOWED DIVORCED Montgomery	M
	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 112b KIND OF BUSINE	SS OR
Give Pages Give Pages and with Ton in the State	Silver Spring give street oddress) Holy Cross Hospital Retired Pharmacist US Navy	
s offer death 18. Give Poge along with 2 with the State death.	130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN. 13d INSIDE CITY Jim 157 13e STREET AND NUMBER	
	odm ssion) STATE Md. 136 COUNTY ontgomery Silver Springes No 2102 Hildarose Drive	
hours Item 18 Office Iond 2	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost	
	Albert Hiram Rowe Abbey Garvin	L
hin 24 nici in niner's poges hours	160 WAS DECEASED EVER IN U. S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Silver Spring, ADDRESS Maryland (Yes, no, or unknown) 1, 11 yes give wor or do to go of service)	
wit can 72	485 W 1 8 W 2 579-14-3/// Hda D Rowe 2102 Allda Rose Drive	
ecuted in ingilin edical Exercise Exerc	18 CAUSE OF DEATH (Enter only one couse per lime for (g), (b), and (c).) APPROXIMATE INF	
executed inding" in Medical I permit I permit Int within	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Clute Coronary Insufficiency	
	DUE TO, OR AS A CONSEQUENCE OF	
후 를 등 하	(b) Wellowsellerole (Janet Vesearet	
world word the Cl riol-tra	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be to word "pe to the Chief to the Chief buriol-tronsit I in ony ever	lost. (c)	
o ÷ ← □	PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
verificate writing t rworded ssed os a noval, on		
certii , writ orwoi used mova	190. DATE OF OPERATION 195. COND T ON FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 210. EXTERNAL CAUSE WAS 215. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	
This icote, be fo	YES	NO X
	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) ### PRIMARY OR CONTRIBUTING HOUR A.M.	
EXAMINER: ute the certificage 4 should your files. Your files. Poge 3 should tremation, cremation,	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form street, 21f LOCATION Street or R.F.D. No City or Town County	Stote
the the design of the design o	WHILE NOT WHILE foctory, office building, etc.)	21016
	AT WORK AT WORK	
ICAL E exect for Po ed for CTOR: burial,	22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my death resulted from: Natural causes , Accident , Soicide , Homicide , Undetermined manner	opinio
please et director eta ned DIRECT		
pleose directs nects ne DIREC	ACTUAL ACTUAL	
EPUTY sssory, ple funeral di oy be rest INERAL D ITHERAL D	SIGNATURE STORY RESIDENT SYMMETERS STORY S	100
O DEPUTY DICAL E necessory, please exect the funeral director Pa 5 may be retained for O FUNERAL DIRECTOR: Health prior to burial,	NAME (Type) Beldan R. Reap Apple (Type) Beldan R. Reap	, 8
necesso the fun 5 moy 70 FUNE Heotth	230 BURIAL, CREMATION. 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stot-	e)
_	REMOVAL (Spectry) May 31, 1968 Arlington Nath Cemetery Arlington Vinc	zini
	A I ME CONTRACTOR PROPERTY SIGNATURE 212.1 CADDRESS 250. RECO BY REGISTRAR 250 REGISTRAR'S SIGNATURE	
VR A15ME (5) 10M REV 1268	Warner E. Pumphrey, Inc. Silver Spring, Md. DATE JUN 3 1968 Schanles Judg	e.

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 51 CERTIFICATE OF DEATH 1 DECEASED-NAME Middle Last 20. DATE OF DEATH 2b. HOUR after death (Type or print) Manth Day MOSTAFA TMM Sarem 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years MONTHS DAYS 12/25/79/ 1895 White Male 24 haurs 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED countryTran Iran WIDOWED [DIVORCED [Mortgomery please remove carban papel filled 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done burial, crematian, ar remaval, and in any event, within IO. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR The law requires that the death certificate be executed within INDUSTRY Persian during most of work no life, even if retired) give street address) the attending physician and campletely Silver Spring Md. Holy Cross Hespital
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN Army General Armed Forces 13e. STREET AND NUMBER 13d INSIGE CITY LIMITS? Montgomery odmission) STATE 318 Ladson Rd. SSMd. Sil.Sprg. YES 😾 NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Last First Goodarzi Majid Sarem Zahra 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar unknawn) son Parvis Sarem 417 Dennis Ave.SSMd. (If was give war or dates of service) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH permit. IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar to Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [NO [] far use with the State Dept. of Health OR ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from †a _19 and that in (my) (aur) apinian death accurred an the date and hour and from the saw the deceased alive an... 3 should causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS. DIRECTOR directar, page shauld be filed 22d. PHYS+CIAN'S 22e. ADDRESS NAME (Type) 23g BUR AL, CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) REMOVAL (Specify) Falls National Memorial Church. Virginia 24. FUNERAL DIRECTOR TO 2Sq REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** The S.H. Hines Washington, VR A15 (4) Of leave by 30M REV. 1/68 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

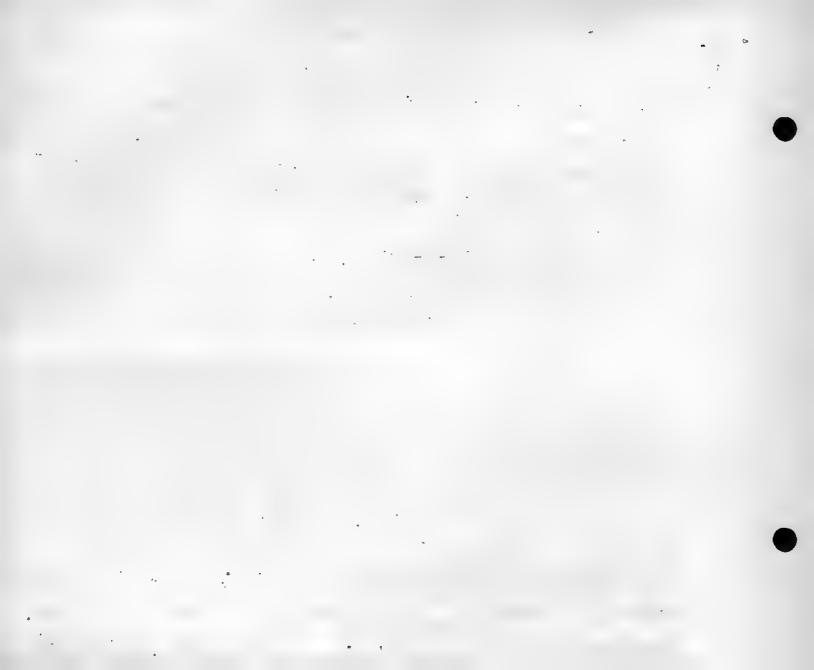
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	1	MARTLAND STATE DEPARTMENT OF HEALTH	
/		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLANI	21201
	1	CERTIFICATE OF DEATH	17 1
2 2 2	1. D	ECEASED NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
deoth deoth	(Type or print) Helen E Sarris Mar	
	3 S		(In years IF UNDER I YEAR IF UNDER 24 HRS.
# (Alara	1	last h	irthday) MONTHS DAYS HOURS MIN
2	7.		∠ YRS. ★
John John John John John John John John		BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	,
n 24 h	╙	CREECE U.S.A WIDOWED DIVORCED _ Montg	OTHERY Md.
hin 24 Filled poor	10.4	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of give street address) Reference of the street address of the street	f work done 19b KIND OF BUSINESS OR INDUSTRY
With See With See See See See See See See See See Se	L	Service Herry	<i>v</i>
completely over corbon y event, w	130.	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d MISIOS CITY LIMITS? 13b. STREET AND 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 13c. CITY OR TOWN 13d MISIOS CITY LIMITS?	
E Se	LOIN	ussion) STATE D C 13b. COUNTY U Wash. YESK NO 1960	5 St. S. E
and coremon on only	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First	Middle Last
icate be executed with sizion and campletely please remove corban, and in ony event, with		ELIAS ELEFTERIS UNKNOWIN	
cior afe and	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT	Address
		Yes, no frunknown) (If yes give wor or doings of service) 578-16-1258 ANGELO J. JOMPROS 12100	RENICKLANE S.S. MJ.
certif g ph) Then movo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))	APPROX MATE INTERVAL BETWEEN ORSET AND GEATH
ne deoth cer attending p permit. The		PART I DEATH WAS CAUSED BY:	542 000
ne deoth attendi permit. ion, or r		15 2 MAMEDIATE (AUSE (a) Carcing Color	0.000
tion the		Canditians, if any, which gave	,
of the rasit p		rise to Immediate cause (a), (10)	
4.5.4.5		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
equires that the physicion. signed by the buriol-transit burial, cremat	L	- (1	7.17.
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital or attending physicion. DIRECTOR: After this certificate has been signed by je 3 should be detached for use as the buriol-tranged with the State Dept. of Health prior to burial, created with the State Dept.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1 1(a)
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s borrio	3	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WE CAUSES OF DEA	RE FINDINGS CONSIDERED IN CERTIFYING
AN: The law r all or attending icate hos been for use as the Health prior to	CERTIFICATION	YES NO CAUSES OF DEA	
Lor Lor Leo Leo			1 ar Part 2, Item 18.)
D a a a a a a a a a a a a a a a a a a a	MEDICAL	(If either, natify medical examiner) P.M. 19	
DING PHYSICIAN: The law no by the haspital or attending for this certificate hos been be detached for use as the State Dept. of Heolth prior to	×	2.d. NJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. (ity or Town	County State
this De De	П	While Not while at work at work	
IDING 1 by t After 4 be d		22a certify that (1) (this haspital) attended the deceased from 1965, to may 19	1966 , that (I) (we) lost
A P P P P P P P P P P P P P P P P P P P	Н	saw the deceased alive on the land of the	d on the dote and hour and from the
OS Single	1	causes stated above, (I) (we) (did) (did not) view the body after death.	
OR ATTENDING be retoined by the IRECTOR: After a 3 should be de		22b. SIGNATURE DEGREE PHYS DIRECTOR D	22c DATE SIGNED
	1	1113	17/mg 19,1961
TO HOSPITAL OR ATTENI Page 4 may be retoined TO FUNERAL DIRECTOR: A director, page 3 should > should be filed with the		22d. PHYSICIAN'S NAME (Type) RIAINE HETE 22e ADDRESS 9 8-01 News Com	e Subschang Id
DSP 3 4 INE	22	BUSTAL CREMATION, 236 DATE 235 NAME OF CEMETERY OR CREMATORY 23d. COCAT ON (City)	or Tawn) (Caunty) (State)
F gg = in Set	230	OPGIOVAL (Specific)	, MA
E E VI	24	FUNERAL DIRECTOR ADDRESS OF ROOM 250. RECID BY REGISTRAR 250	
VR AT S	124		Ellartes Judge
SUM KEY 08	1	INAZDI TUNERAL HIME MC. 7400 OFORGIA FAR. N. W. DATONIA. 22 1300	0



7	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	· F ,
HEALTH DERTA	1 DECEASED NAME First Middle Last 2a DATE KNOWN Month Day	Year 25 MOUR
3 3 5 13	(Type or Print) DORA SCHULT DEATH MATED MAY /	1968 12 AM
- TV 4	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In yours In Junce 2 Treas F UNDER 24 HRS 2c DATE PRONOUNCED DEAD logs birthday) MONTHS DAYS HOURS MIM MORE A HOURS MIM MORE DEAD	2d HOUR
ny del PM3.	FEMALE White 9-8-84 83 YRS MONTHS DATS HOURS MAIN MAN Day 1 Year	19 68/25 M
\$ 12 m	70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
for for the L	Thronday 457 WIDOWED DIVORCED NON TROMPRY	Md.
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ive ive the		
ofter 8. Gin along w/th leoth.	13a USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 13d. MSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY AND STATE PARTY AND STA	-/
hours tem 18 Office o and 2 v		<u> </u>
hours ofter Item 18. Gi Office alon 1 and 2 w.th after deoth	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
hin 24 ncil in niner's poges hours	Welkelkon Tagenhauer Trieda 51 160 WAS DECEASED EVER IN U. S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS ADDRESS	coline
within 24 pencil in 1 xaminer's ile pages 1 72 hours	(Mod. or unknown) [18 yes give war or dates of service) 111-26-0786	alu Du
H with the Example File		PPROXIMATE INTERVAL
executed ending' in Medical E t permit F	PART I. DEATH WAS CAUSED BY-	WEEN ONSET AND DEATH
xec ndin Med Med	1	
be e "per nef / ansit	Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis	
than the hand the han	rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be to word "per to the Chief" burnol-transit	last. (c)	
(AMINER: This certificate should be executed within 24 te the certificate, writing the word "pending" in pencil in 164 should be forwarded to the Chief Medical Examiner's four files. Oge 3 should be used as a burial-transit permit File pages cremation, or removal, and in any event within 72 hours	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ifica fing rate os al, a	2 45/X	
This certificate icate, writing the be forwarded to be used os a lor removal, and	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 WAS PERFORMED? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of in Joy in Port 1 or Part 2, Item 18)	AUTOPSY?
This icate, be fo	THAS TERIORIED!	YES NO
INER: This e certificate, should be files. 3 should be vertifies.	E 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of in Jury in Port 1 or Part 2, Item 18) HOUR A.M.	
NER: certifi hould lies. should trion, c	E CAUSE OF DEATH P.M. 19	
the the 4 s ur f ur f ge 3	21d INJURY OCCURRED 21e PLACE OF N.URY (At home, farm, street, while not while factory, affice building, etc.) 21f LOCATION Street at R.F.D. No City or Town County	Y State
55 S S S S S	AT WORK L.J AT WORK L.J	
ICAL E executor. Par ed far CTOR: burial,		nd in my apınian
Sice as a part of the control of the	death resulted from? Natural causes [], Accident [], Solicide [], Hamicide [], Undetermined manner []	
Ty please y, please rat direct less retains to prior to b	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE SIGNED	
UTY ITY, Berral BAI	SIGNATURE	1010
TO DEPUTY SICAL EN necessary, please execute the funeral director. Page may be retained for TO FUNERAL DIRECTOR: Health prior to burial	EXAMINER'S BELOGN K AD M. DADRESS TOPE COUNTY)	768
The The	23a BURIA. CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(State)
		Md.
U/	24 FUNERAL DIRECTOR 1331 ROCKVAIDERS PIKE 250 REC D BY REGISTRAR 256 REGISTRAR 5 SIGNATUR	Ondate
VR A15ME (5) 10M REV 1/68	Tyson Wheeler Funeral Home Rockville, Md. DAH MAY 3 1968 Actionles	100

MAKYLAND STATE DEPARTMENT OF HEALTH



1	It.	ems 18822a Film 401 MAKYLAND STATE DEPAKTMENT OF HEALTH 18-68 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	I	tem2a, Film#Ghol 6/MEDIGAL EXAMINER'S CERTIFICATE OF DEATH	1, 45 4)
HEALTH DEPT.			Doy Year 2b HOUR
2000	'	VVILLIS CARROLL SCAULTZ DEATH MATED	25 1968 M
Part I	3 S	last burgheavy Months DAYS HOURS MUN March D	Year Con 2d HOUR
À S E S	70	1	AN ROM
D 61	canu		
Pages Virh far	10. 0	TITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (of not in hospital), 120 USUAL OCCUPATION (Kind of work done)	26 KIND OF BUSINESS OR
hours ofter death item 18 Give Pages Office along with fa and 2 with the State	7		NDUSTRY
ofter 8 Giv along with t		USUAL RESIDENCE (Where deceased lived, finst, tut.on Residence before 13c CUTy OR TOWN 3d Justice CUTy CMTS7 13e STREET AND NUMBER 13b, COUNTY 13b, COUNTY 13c STREET AND NUMBER 13b, COUNTY 13c STREET AND NUMBER 13c CUTy OR TOWN	1 . 01
hours offe frem 18 Gi Office alan land 2 with	-	MOINT MOUNTER IS BUILT TOUTO CHS,	DELLKA
24 hours in Item 11 r's Office es land 2	14 F	ATHERS NAME First Middle Lost SR Is MOTHERS MAIDEN NAME First Middle WILLIS CAPPOIL SCALLY Mary Josephine Via	last
2 3 2 3 2	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT WILLIS C. Schulders, Sr.	
d within in penal Examine Examine Fife page in 72 hou	(Y	(es no, or unknown) (It yes give war or dates at service) Unknown HATLER Same as	ftom 17
d w in P Exc		18. CAUSE OF DEATH (Enter on y one couse per line far (a), (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ng" dical with		PART I. DEATH WAS CAUSED BY Extensive fractures of skull with brain	BETWEEN ONSEL AND OFFILE
exe endi Me it pe		DUE TO, OR AS A CONSEQUENCE DE trauma and hemorrhage	Instantaneous
I be	1	Conditions, if any, which gave rise to immediate cause (a). (b) Automobile accident	
auto word he (ial-t an)		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
te shavid be executed wifte word "pending" in pe I to the Chief Medical Exar a burial-transit permit. File nd in any event within 72		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(a)	
ficat ing ded as c 1, ar		816, 4	
veriti veriti rwal rwal rwal	ATTO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
INER: This certificate shauld be executed within the certificate, writing the word "pending" in pencil should be farwarded to the Chief Medical Examine files a should be used as a burial-transit permit. File pagination, or remayal, and in any event within 72 hours.	CERTIFICATION	WAS PERFORMED?	YES NO
In this in the ball of the bal	18 H	21a. EXTERNAL CAJSE WAS 21b TIME OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter partie of mount in Part) op Part 2 item	
INER Shar files 3 shar artia	MEDICAL	CAUSE OF DEATH 2M 52 519 EG 77 To 57 To 77 To 7	Caunty State
		Walle Com NOT While Com Total factory office building, etc.	10206 46
bical Examiner: se execute the certificator. Page 4 should ned far your files ECIOR: Page 3 should burial, cremation.		220. I certify that I taak charge of the remains described above, held an Autaps Inspection Inspection Inspection	and in my opinian
SICAL ase exected. Promod for RECTOR.		death resulted fram: Natural causes . Accident . Suicide ., Hamicide ., Undetermined manner]
please e. directar. retained DIRECTO		ACTUAL CHIEF MEDICAL EXAMINER	
EPUTY issary, ple funeral di ay be reta in NERAL Di		SIGNATURE ASSISTANT MEDICAL EXAMINER L. 220 DATE SI	GNED
ecessary, please execute the funeral director. Page 4 may be retained far your gentleman birector. Page 4 EUNERAL DIRECTOR: Page 463th priar to burial, crem		EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county) Silver	Spring, Md.
TO DEPUT' necessary, the funero 5 may be 70 FUNERA	23a	BURIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State)
9		REMOVAL (Specify)	rvland
	24	FUMERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 REGISTRARS SIG	GNATURE
VR A15ME [5] 10M REV /68	RO	BERT A. PUMPHREY, Bethesda, Maryland DATE MAY 29 1968 Julian	les Juage



1		ms 18&	22a Fill ms DIVISIO				ARTMENT OF N STREET, BALT			ND 21201				
FOR STATE			5				ERTIFICATE						181	
HEALTH DEPT.		ECEASED NAME (ype ar Print)	firs Haro		olgate		cott			20 DATE KNOWN OF ESTI- DEATH MATED	_ Nav	21,	Year 68 26 1	HOUR
ny delay is 2, and 3 to PM3. Page	3 SI	x ale	4 RACE Negro	S DATE OF B	113	6 AGE (In years last jurinday)	MONTHS DAYS	F JNDER 2 HOURS	MIN.	2c. DATE PRONOUN		Year	101.	HOUR Sr/M
CA GLASS	70 COUR	BIRTHPLACE (Stote	or foreign	76 CTIZEN OF W		8. M	RRIED THEVER MAI	RRIED		ITY OF DEATH				
hours after death Item 18. Give Pages Office along with far 1 and 2 with the State after death		ITY OR TOWN OF	DEATH	1.			t (If not in haspitai	12a U	SUAL OCC	ntgomery UPATION (Kind of working life, ever	wark done	126 KINE	OF BUSINESS	OR Md
fer do	130	IISHAL RESIDENC	F (Where dece		Washing	ton Sar	OR TOWN 3	INSIDE CITY L	nito	13e STREET AND N		INDOSTR		
hours aftern 18. Go Office alon 1 and 2 with after death	0	dmission) STATE	ryland	13 He COUNTY	omery		er Spring	YES N	0 1	8700 Bar	rron S	trest		
1 hou Item Office 1 and after	14. F	ATHER'S NAME	Henry	Midd		cott	15. MOTHER S MAR		First Lbell	l.a.	Mrddle	CT:	last rk	
d within 24 hours at in pencif in Item 18. Examiner s Office ald File pages Land 2 with 72 haurs after dea		WAS DECEASED EVI es, no, or unknow	ER IN U.S. ARMED	FORCES? war or dates of service)	16b. SOCIAL SEC		7 INFORMANI Virginis			ADD	RESS			
INER: This certificate should be executed within 24 hours after death a certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Death and and in any event within 72 hours after death			DEATH (Enter or EATH WAS CAUSI	nly one couse per ED 8Y	line for (c), (b), c	and (r))	rotic an					AP BETV	PROXIMATE INTERVA	AL ATH
be executer "pending" inet Medical ansit permit.		120		IATE CAUSE (a) DUE TO, O	OR AS A CONSEQUE		10010 41		0010	0110110				
d be rd "p Chief transi		rise to immedi	ate cause (a),	(b)	OR AS A CONSEQUE		diovascu	ılar (lise	ase		-		
should be executed to ward "pending" is the Chief Medical burial-transit permit.		stoting the uni	derlying cause	(c)_	N NO N CONSEQUE									
certificate should writing the ward rwarded to the Ch sed as a burial-tru sed and in any		PART 2 OTHER S	IGNIFICANT CON	DITIONS CONTR B.	TING TO DEATH B	UT NOT RELATED	TO THE TERMINAL D	ISEASE OR C	ONDITION	GIVEN IN PART 1(a)			
XAMINER: This certific te the certificate, writin ge 4 shauld be farward yaur files. age 3 shauld be used a crematian, ar removal	CERTIFICATION	19a. DATE OF OI	PERATION		196. CONDITION WAS PERF	FOR WHICH OP ORMED?	RATION					20	AUTOPSY? YES NO	
INER: This ce certificate should be files. 3 should be manifiles.	MEDICAL CERT	210 EXTERNAL C	CONTRIBUTING	HOUR	DE INJURY Manth, D A.M. P.M.	ay, Year	L HOW INJURY OC	CURRED (Ent	ter nature	of injury in Port	l er Part 2, I	Item 18)		<u>Lunud</u>
	MED	CAUSE OF DEATH 21d INJURY OCC WHILE NO AT WORK A	URRED 21e.		(At hame, farm,		If LOCATION Street	ar R.F.D. No.		City or Town		County	St	tate
XL EXXECTURE Property for control of the control of		22a. l e					e, held an Auto	psy 🗶	Insp	ectian X,	Inquity	Q on	d in my ap	inian
TY blease execu- eral director Page be retained for prior to burial,		death res	sulted from	Natural ca	uses A	cident [],	Suicide,	Hamicid EF MEDICAL	,	Undetermine	d manner			
DEPUTY SICAL EXAM Seessary, please execute the funeral director Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth prior to burial, cren		ACTUAL SIGNATURE	// <u>/</u> /00	Mr. /	Till	2/-	M.D. ASSI	ISTANT MEDICA	CAL EXAM	IINER	22b. DATI	ESIGNED	1010	y
ro DEPUTY necessary, F the funeral 5 may be r ro FUNERAL Health pric		EXAMINER'S NAME (Type)	BELL	DEN	K. K	CAP	M.1) 100	en her	rolon	n, ar county)	1 AY	21,1	760	
5 = 2 O ±		8 JRIAL, CREMAT REMOVAL (Speci REMOVA)	(Y) 5	24-68		RRISON	OR CREMATORY FUNERAL F		So	uth Bost	on, V	[RGIN	TA (Stafe)	
VR A15ME;5) 10M REV 1768	1	FUMERAL DIRECTO LEXANDE	111110	PE SIXX	Tope I	L5th S.	G. (D.C.)	DATE MA		7 1968 25b	REG STRAR'S	SIGNATUR	Judge	*



MARYLAND STATE DEPARTMENT OF HEALTH

45/5 % x t 5 MAKYLAND STATE DEPARTMENT OF HEALTH



1		. 1953	DIVISION OF VIT		301 W. PRESTON STR ERTIFICATE OF		E, MARYLAND 212	01 ,	~ ,
afferdeath.		CEASED-NAME First ype or print)		Middle	Lost	2a.	DATE OF DEATH Month	Doy Year	2b. HOUR
1	3. SE	CHAR	4 RACE	<u>F.</u>	SETTMAN S DATE OF BI		6 AGE (In year last birthday)		IF JNDER 24 HRS. HOURS MIN.
	7o. E	Male IRTHPLACE (Stote or foreign try)	76 CITIZEN OF WHAT	COUNTRY?	B. MARRIED 📆 NEVER MAR	KIEU	PO DEATH	YRS.	Md.
-1		TY OR TOWN OF DEATH	anza stree	nddroec)	TITUTION (If not in haspital	12a USUAL OCC	Montgomery UPATION (Kind of wark warking life, even if reti		
	I 3 a. odmi	Olney JSUAL RESIDENCE (Where deceoses soon) STATE Maryland	sed lived, if institution- 13b. COUNTY Howard	Residence before	13c CITY OR TOWN Ellicott Cit	3d. INSIDE CITY L M TS? YES NO C	362 Churc	h Lane	
	14. F	ATHERS NAME First Charles	M.ddle M. Se	lost 11man	15 MOTHER S MA	AIDEN NAME First Agnes	Mae St	dle soling Stal	lost
Ì	Y	WAS DECEASED EVER IN U.S. AR/	WED FORCES? 16h	SOCIAL SECURITY I	O. 17 INFORMANT Medical	Records	Dept. of Mo	ess	
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIAL FOR THE PART I. DEATH WAS CAUSE IMMEDIAL FOR THE PART IN THE PAR	D BY- ATE CAUSE (a) DUE TO, OR AS A	CONSEQUENCE OF		oteka oteka	C.V. a		AATE INTERVAL MISET AND DEATH 21 COV
X	CERTIFICATION	PART 2. OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING		RFORMED 200. AUTO			INGS CONSIDERED IN CEI	RTIFYING
	DICAL	2Ta. ACCIDENT WAS UNDERLYING (AUSE OF DEA (If either, notify med col exami	TH HOUR A.M. M	onth Day Your			e of injury in Part 1 or P	art 2, Item 18)	State
	W W	at work of work 22a. I certify that (I) (the saw the deceased of	us hospital) offerid	ed the decose	d fram and that in (m	1 7	City or Town 10 11 10 10 10 10 10 10 10 1	10	
		22b. SIGNATURE 22d. PHYSICIAN'S	e, (1) (we) (did) (die CECS / [How view the	DEGREE ATTENDIN PHYS. 22e ADD	NG MED.	STAFF C	22c DATE SIGNED	68
	2 3a	BELLBURG DE EN	DATE (ay 8, 1968		CEMETERY OR CREMATORY Park Cemetery		LOCATION (City or Town		(State)
	24.	FUNERAL DIRECTOR Truman Schwab		ADDRESS		2Sa. REC'D BY REG	9 1968 REGIS	TRAP'S SIGNATURELL	gr.

MARYLAND STATE DEPARTMENT OF HEALTH

- Janes	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	ı		303
	ᆫ	CERTIFICATE OF DEATH	
11		ECEASED-NAME First Middle Last 20. DATE OF DEATH Type or print) Month Doy	2b HOUR
7 8 8 8	L'	Derina E (Mann) JAKP MAY 13	968 7:c3 M
	3. 51		4F JADER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN
2 2 2	Ŀ	Lenale White 12/16/1887 (ast hirthday) YRS.	NORTHS WAS READ RING
- E	70	BRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
五 信 (2)	CGUI	Virginia USA WIDOWED DIVORCED Montyon	Md.
.e 2 2.5	10.1	CITY OR TOWN OF DEATH IN NAME OF HOSPITAL OR INSULTUTION (It not in hospital 12a USUAL OCCUPATION (Kind of Arork dame	126. KAD OF BUSINESS OR INDUSTRY
with bound	E	Bethesda Spring Nursing Home Housewife	IMDEGSIKI
ed y		USUAL RESIDENCE (Where deceased lived, 'f institut an Residence before 13c CITY OR TOWN 13a MISIDE CITY LIMITS? 13e. STREET AND NUMBER	1
ecuted wit campletely nove carbai	COM	ission) STATE md 13b. COUNTY mortgan Chan Chan YES NO 17424 Lynnk	und St.
and cam remove in any ev	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
be rar e rar		Rodman Mann Mary Corder	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat stained by the haspital ar attending physician. GTOR: After this certificate has been signed by the attending physician and campletely fueld in but the burial-transit permit. Then please remove carbon pages. The should be detached for use as the burial-transit permit. Then please remove carbon pages.	160	WAS DECEASED EVER IN U.S. ARMED FORCES? (Res, no, or unknown) (If yes give war or dates of service) [579 07 723 0] Was a Sister Same as	Item 13.
tific hys		(es, no, or unknown) (if yos gree war or dates of service) 578-03-3219 Mary 0. Mann Same as	
The The		18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath ndir it.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Abdominal Caucins Mediate CAUSE (b)	(moo)
e death attendi permit.	Н	15 1 9 DUE TO, OR AS A CONSEQUENCE OF	
the the nation	П	Conditions, if any, which gave)	25 mos
that n. ans		nise to immediate cause (a). stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
es tes tes sicion de la		lost. (c)	
equires that the physician. signed by the burial-transit burial, cremati	П	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ng I en s en s to E	2	15 / X	
law be right	IFICATION	190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
The law requires th attending physician. has been signed by se as the burial-tra th pr'ar to burial, cre	1	YES NO NO CAUSES OF DEATH?	
R ar ar eath	CERT	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 li	em 18.)
S	MEDICAL	The aither, notify medical examiner) Control of the control of	
DING PHYSICIAN: The law r. I by the haspital ar attending After this certificate has been I be detached far use as the state Dept of Health prarto	ME	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. City or Town	County State
G PH the I this deta		While Not while at work	
ING Py there are detected		22a. I certify that (1) (this hospital) attended the deceased from a print, 1966, to May 5, 19	54 , that (I) (we) last
ND Sd b		saw the deceased alive an 15 19 62, and that in (my) (eur) apinian death accorred an the da	e and haur and fram the
A Figure 4	1	causes stated abave, (I) (we) (did) (did not) view the bady after death.	ATE SIGNED
OR ATTENCE be retained DIRECTOR: A je 3 shauld ed with the	П	ATTENDING MED STAFF	ALE SIGNED ALES
L OR be r DIRE		22d. PHYS CIAN'S 22e. ADDRESS 22e. ADDRESS	201011100
SPITAL 4 may IERAL ar, pa d be fi		NAME (Type) HARRY N CARITON MO OSTI Colevalle Ros	SS med
Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be defached for use as the shauld be filed with the State Dept of Health prarto	00	BUR AL CREMATION, 23b, DATE - 23c, NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town)	(County) (State)
Page - O Fun	230	DENOVA (Specific	, ,,,
24 5	24	Burnal 5-17-68 Glenwood Gemetery Washington, FUMERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S	
VR A15 (4) 30M REV. 1/68		ROBERT A. PUMPHREY, Bethesda, Maryland DATE MAY 17 1968 200	antes Judal
		ALL WISCONS	A A -



			MAKYLAND STATE DEPARTMENT OF HEALTH	
r) 1			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
			CERTIFICATE OF DEATH	
1 , [17.	_		_
モ ブネ	差 (ECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR	
affer death. he funerol	<u>B</u>	1,	(ype or print) John R. Shavgbressy MAY Month 15 Doy 1968 5:40A	M
2 5 -	- La	3. SE		-
es es	# I	3. 30	rast brightagy) MONTHS GAYS HOURS MIN	
± 8	2 3		Male White. Man 23 /846 718 YRS.	
	00	70. E	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
E SI	2 h	cour		
filled page	1 L	100	and the state of t	10
	토 .	10 €	give street address) . IMPLISTRY	
ecuted witl completely ove carbor	₹ /	U	Theaton Randon Hills llusing How. Aud. to W.A. USGOVI	
d v	t'	130	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 1336 INSIGE CITY LIMITS? 13e SIRREDAND NUMBER	Ξ
ute e c	,	adm	ission) STATE Md 136, Montamen Rocky// YES NO 1 Post Roll 05 Ave 23	ے د
9 9 9	>	-		77
ond rem	20 4	14. 1	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost	
e	는 등		James Shaughnessy Clara Roberts	
ertificate be physicion o	ou		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 111 C1 . Address	_
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o de le le	. Te		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY	_
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te death ce ottending p	Ľ,		DUE TO, OR AS-A CONSEQUENCE OF	
the chisit p	<u>-</u> ≘		Conditions, if only, which gave)	
± ± <u>₹ is</u>	E		rise to immediate cause (o)	_
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burnal-tran	Should be filed with the Stote Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after	20.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	=
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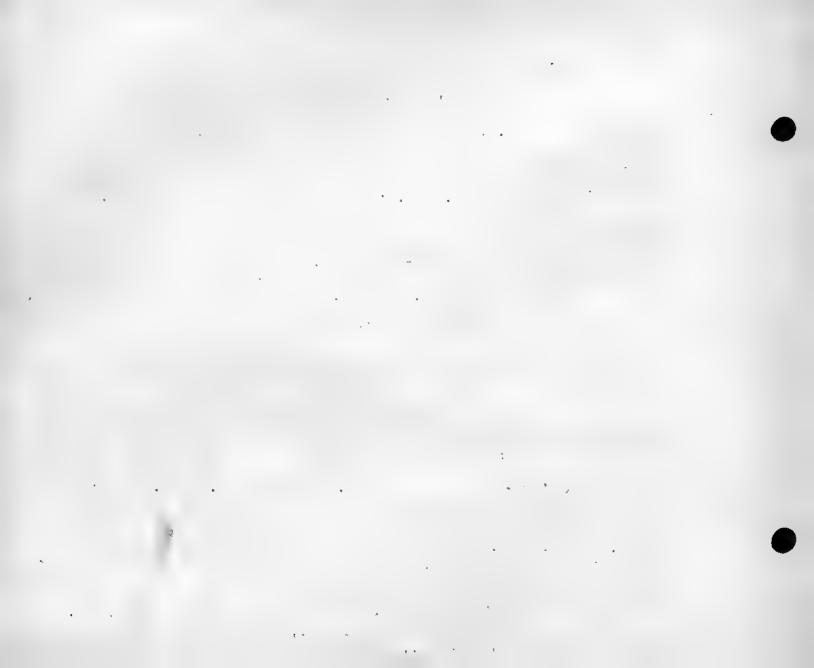


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FOR STATE	DIVIDION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARTLAND 21201	* •
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	10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospitol 12a JSCAL OCCUPATION (Kind of work done 1)	26. KIND OF BUSINESS OR
the the	Rural, Silver Spring give street oddress) during most of working life eyen in the head) It	NDUSTRY
fter Giv ang th t	130 USUAL RES DENCE (Where deceased lived if institution Residence before) 13c City OR TOWN 13d INSIDECITY LIMITS? 13e STREET AND NUMBER 7.20	277
ak wi deo	odmission) STATE Haryland 136 COUNTY Prince Geo. Beltsville YES NO . Greenmount Ave.	
ffice ind 2	14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost
lo of	John Slapsys Barbara Andriunas	1031
hin 24 haurs after de nati in Item 18 Give P niner's Office alang wi pages Land2 with the haurs after death	160 WAS DECEASED EVER IN U.S. ARMED FORCES? LIAB SOCIAL SECURITY NO. 27 INFORMANT. ADDRESS	
the pa	(Yes no or unknown). (Illustration of date of second)	
Exal Exal File		APPROXIMATE INTERVAL
thin thin	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMED ATE CAUSE (a)	BETWEEN ONSET AND DEATH
tecu ding edii wi	IMMEDIATE CAUSE (0) Injuries, multiple, severe	Instantaneou
ent pent	DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave	
l be thie rans	rise to immediate cause (a), (b) automobile accident	
vara vara ne (al-t	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
she ve the burni	last. (c)	
ate the day	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ificanting ande	<u> </u>	
wr Irwr Isec	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
SICAL EXAMINER: This certificate should be executed within 24 hours after death olders execute the certificate, writing the ward "pending" in pencil in Item 18. Give Page director Page 4 should be farwarded to the Chief Medical Examiner's Office along with etained for your files. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State to burial, cremation, ar remayal, and in any event within 72 hours after death	La	YES NO
I Plant	2 o EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item HOUR A.M.	18.)
INER: e cert should files. 3 shau	Car hit in side by another car	
AIN he sh as a same and a same	2 21d Mullery Occurred 21e. PLACE OF .N.J.RY (At home, farm, street, 21f. LOCATION Street or R F D No City or Town	County State
XAM ge 4 yaur Page crem	WHILE AT WORK AT WORK Street Rt. 29 Fairland Rd. Mont. Maryl	and
te execute the cert ctar Page 4 should ord far yaur files. ECTOR: Page 3 shau i burial, crematian,	22a certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry	
Ty please executed director Paragraphics of the principle	death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined manner	* *
please e director retained L DIRECT	CHIEF MEDICAL EXAMINER	
Ba paga	ACTUAL	GNFO
Mary Par		2 clade
beessary, plue funera of may be re FUNERAL I	EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county)	730
necessary, please the funera direct 5 may be retaine to FUNERAL DIRECT Health pnar ta l		Caunty) (State)
F 3	Burian 29 May '68 Gate of Heaven Cemetery Silver Spring,	Md.
OK	24 CHARAM PROCESS	
VR A15ME (5)	Rinaldi Funeral Home, Inc. NW., DC 20012 DATE MAY 31 1968	Judge Judge
10M REV 1/68, №	Time and I diverse in the NW., DC 20012 1981 1987 3 1 1000	0 0

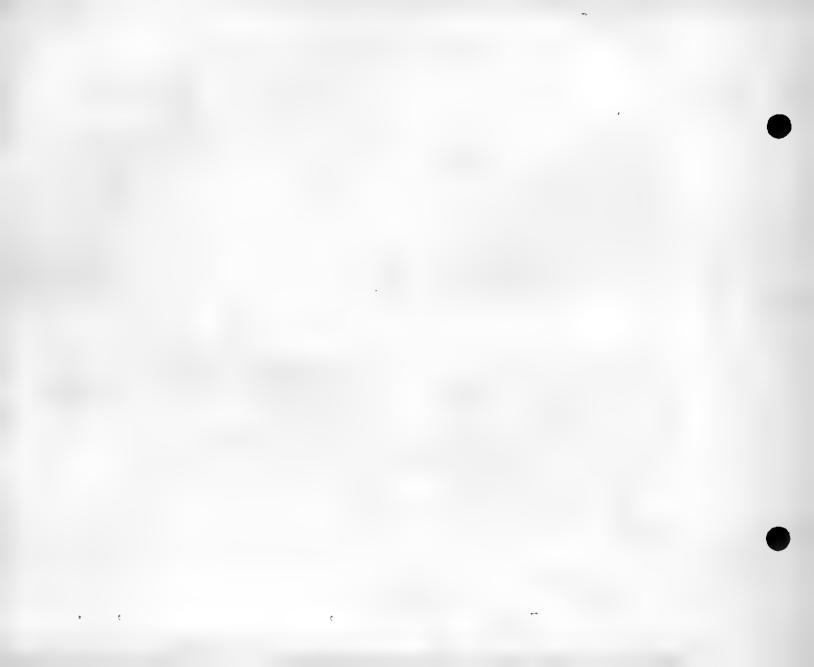
MAKTEANU STATE DEPARTMENT OF MEALTH



	18-68 ams division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201
FOR STATE	Item2a, FilmGh01 6/h/MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED NAMEFirst Middle Lost 20 DATE KNOWNES Month Day Year 25 HOUR
to to to	MIDIVICH SLIPSUS DEATH MATED 19 M
delay and 3 three free free free free free free free	3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years law birthday) MONTHS OAYS HOURS M.N. 2c DATE PRONOUNCED DEAD 2d HOUR Month 5 Day Year 2d HOUR Month 5 Day Year 2d HOUR MONTHS OAYS HOURS M.N. MONTHS DAY YEAR YEAR AND THE PRONOUNCED DEAD 2d HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2d HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2d HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2d HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2d HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2d HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2d HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2d HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2d HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2d HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2d HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2d HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2d HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2d HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2d HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2d HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2d HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2D HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2D HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2D HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2D HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2D HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2D HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2D HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2D HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2D HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2D HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2D HOUR MONTHS DAY YEAR AND THE PRONOUNCED DEAD 2D HOUR MONTHS DAY YEAR AND THE PRONOUNCED DAY YE
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- 0 0 = //	THROWATALK MICH MARSON - DAMY - 1755 housewife
	.30 USUAL RES DENCE (Where deceased lyed of institution Residence before 135 CITY OR TOWN 13d, INS DE CITY LIMITS? 13e, STREET AND NUMBER 13e, INS DE CITY LIMITS? 13e, STREET AND NUMBER 15e, STREET AND NUMB
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(AMINER: te the cert je 4 should four fires oge 3 shou cremotion,	2.d INLURY OCCURRED 21e PLACE OF INLURY (At home, form, street, 21f LOCATION Street of RFD Ma. Gity or Town County State
EXAMINER: tute the cert age 4 shoul r your fres Poge 3 shou	WHILE AT WORK
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bicase ex- director eta med fi DIRECTO	death resulted from Natural couses, Accident 🔼, Suicide, Hamicide, Undetermined manner
	ACTUAL SIGNATURE AD ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER EXAMINERS DEPUTY MEDICAL EXAMINER SOLUTION OF THE SIGNED
TO DEPUTY necessary, the funero 5 may be TO FUNERA PHEAITH pr	NAME (Type) ADDRESS(Street, city, town, ar county)
5 = = 2 5	23d. BUR AL CREMAT ON, REMOVAL (State) 23d. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (C ty or Town) (County) (State) Cate of Heaven Cemetery Silver Spring Md
D	a the street Cemeter Silver Spring, Md.
VR A15ME (5) 10M REV 1/68	Rinaldi Funeral Home, Inc. NW, DC 20012 DATE MAY 3 1 1968 FEGSTRARS SIGNATURE



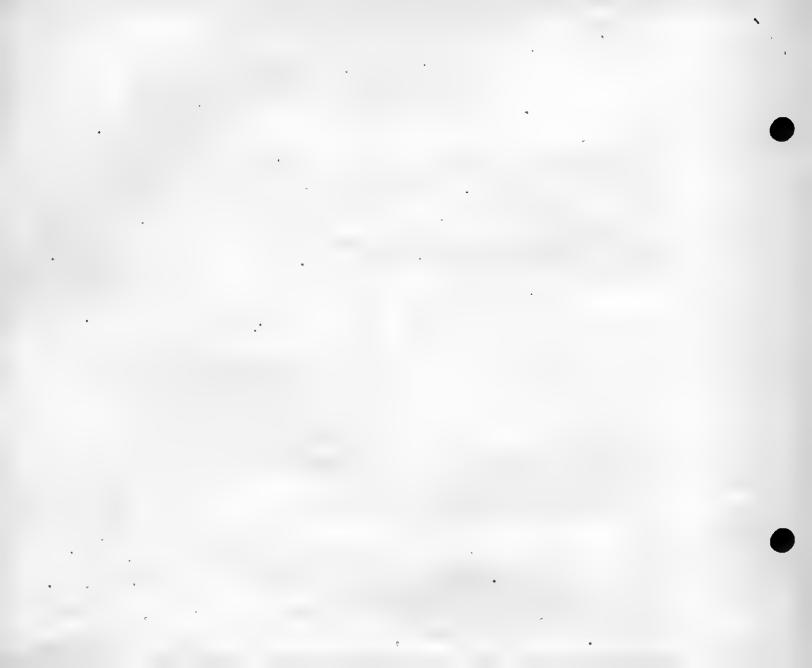
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	The after a bose course	X	빏					YES NO		CAUSES OF DEATH?			
	or o			21a ACCIDENT WAS JNDE		IME OF INJURY		INJURY OCCURRED (I	Enter noture	of injury in Port 1 or	Part 2, Ite	em 18.)	
	iffed cifficol	- 1	MEDICAL	OR CONTRIBUTING CAUSE ((If either, notify medical e		A.M. Manth Day Y	ear 19						
	IDING PHYSICIAN: 1 by the hospital or After this certificate 1 be detoched far un State Dept. of Healt	- 1	MEC	all Muny Occiones		ILLRY (AT HOME, FARM, STREE		ATION Street or R.F.D.	. No	City or Town		Caunty	State
	PH he he his this eto	- 1		While Not while at work		OFFICE BUILDING, ETC.	1						
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•	ı			ND STATE DEPARTMENT OF		
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		425 19 2		CERTIFICATE OF DEATH	1	37372
∉ _2∉		CEASED NAME First	Middle	Last	20 DATE OF DEATH	2b. HOUR
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£ ₹ ₹ 5	3 SI	X)-	4 RACE	S. DATE OF BIRTH	6. AGE (Ir	YEAR IF JINDER 24 HRS
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and camplet remaye car in any event,	14.	ATHER'S NAME First	Middle Lost	15. MOTHER S MAIDEN NAMI		Middle Lost
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⇒ 5 € 7 €	æ	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY OCCURRED (Er		or Port 2, Item 18.)
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tot		22o. I certify that (I) (this	hospital) ottended the deceos	ed from 45, 19	6 to 3 - /	6 , 19 68 , that (1) (we) lost
TTEND ained OR: A nauld h the		saw the deceased aliv	(I) (wo) (did) (did not) your the	1968, and that in (my) (aur) a	pinion deoth accurred	5 , 19 68 , that (I) (we) lost on the dote and hour and from the
ATTENE etained CTOR: A shauld rith the		22h. SIGNATURE	(1) (we) (ala) (ala hai) view ille	budy drief dediti.		22c. DATE SIGNED
OR ATTENDING De retained by SIRECTOR: After e 3 should be ed with the Stat		Jonathan &	Welle aug	DEGREE PHYS	MED. STAFF PHYS.	5-15-68
AL O		22d PHYSICIAN'S		22e. ADDRESS		0 3 0
FRA Gr, F		WAME (Type) Jona	Than M. Willia	ws 808 re	rshing Dr.	Silver Str.
O HOSPITAL OR ATTEND Page 4 may be retained I O FUNERAL DIRECTOR: At directar, page 3 should be Should be filed with the S	23a	BURIAL, CREMATION, 23b. DA	TE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or	Town) (County) (State)
55 5 5 V		REMOVAL (Specify) May		Lincoln cemetery	Bladensbu	town) (County) (State)
VR A13 (4)	24	funeral directory W. Le		A 250. REC'D	BY REGISTRAR 256. F	REGISTRAR'S SIGNATURE
30M REV. 1/48	Va	iner E. Pumphrei	1. Ina. 8434 4a.	Ave. S.S. Md. DATE N.	11 2 4 1968	14



,	1	MAKTLAND STATE DEPARTMENT OF HEALTH	
and the second		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	3 My 23
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	* '
HEALTH DEPT.	1 [DECEASED-HAME First - Middle Last 20 DATE KNOWN Month OF ESTI-	Doy Year 25 HOUR
~ EAX b		(Type or Print) Allen Merrick. Smythe DEATH MATED & 5	31 1964 75 M
5 C 5 L E	3 9	EX 4 RACE S DATE OF RIRTH 6 AGE IN YOUR 1 FUNDER 1 YEAR 1 FUNDER 24 HRS. 24 DATE PRONOUNIED DEAD	2d HQUR
-8 g = £		M. July 5/894 OST DAYS HOURS MIN. Marth Day	Year 1968 8 8 5 M
2, and delay P.M. P.M. P.M. P.M. P.M. P.M. P.M. P.M	70.	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED 3) NEVER MARRIED 7 COUNTY OF DEATH	17-0 0 10 10
- 2 - 8		Mont gome	7 T Y "
Pages Affin Form	10.	CITY OF TOWN OF DEATH	124 VIND OF BUCKNESS OR
D		Kansington. give street addressing Hawick Landuring gost of working life even it returned)	INDUSTRY Very parties
INER: This certificate should be executed within 24 haurs after death e certificate, writing the word "pending" in pencif in Item 18. Give Page should be farwarded to the Chief Medical Examiner's Office along with files 3 should be used as a burial-transit permit. File pages land 2 with the Statiotian, ar removal, and in any event within 72 haurs after death.		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13d, MSIDE CITY UM 15? 13e, STREET AND NUMBER odmission) STATE Md. 13b COUNTY MONTHONS (17 / 12 / 13 / 13 / 13 / 13 / 13 / 13 / 14 / 13 / 13	n n
ffice free fer fer fer fer fer fer fer fer f	14.	FATHER'S NAME First Middle Lost TS. MOTHER'S MAIDEN NAME First Middle	Lost
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shauld be executed will be word 'pending' in per o the Chief Medical Examburial-transit permit. File In any event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL
ute iral iral		PART 1. DEATH WAS CAUSED BY:	SUCCLUS.
xec sdin Med Med per per		HAMEDIATE CAUSE (o) COION 314 LITS UTTO COICE HIDE TO, OR AS A CONSEQUENCE OF	30.0141
e ef /		Continue to the test and the te	40018
d b Child by	1	Hise to thinhediote couse (d), (75073
way the rial-		storing the underlying couse DUE ID, OR AS A CONSEQUENCE OF	
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This certificate should be executed wit icate, writing the word 'pending'' in pe be farward at to the Chief Medical Exard be used as a burial-transit permit. File ar removal, and in any event within 72		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(0)	
yariji Valo	NO	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
INER: This certificate, writing the certificate, writing should be farwor files 3 should be used notion, ar removal	CERTIFICATION	WAS PERFORMED?	YES NO AT
Thus be the large	ERT	210 EXTERNAL CAUSE WAS 21b TIME OF IN. JRY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Ite	
4 - 4	=	PRIMARY OR CONTRIBUTING HOUR A.M.	.tsi 10.)
INER e cer shaw files 3 sha atrar	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town	Const
	1		County State
L EXAM ecuta th Page 4 far yaur R:Page		WHILE AT WORK AT WORK totary, office building, elc.)	
JIY SICAL EXAMINER: ry, please executa the cert eral director. Page 4 shault be retained for your files RAL DIRECTOR: Page 3 shou priar to burial, cremation.		220 I certify that I took charge of the remains described above, held an Autopsy 🗍, Inspection 🔀, Inquiry 🗵	, and in my opinion
director director etained DIRECT rr to bu		death resulted fram Notural couses 🔀, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined monner (
please e l director retained L DIRECTOR		CHIEF MEDICAL EXAMINER	
olo olo		SIGNATURE John 3 Ball MD ASSISTANT MEDICA: EXAMINER 226. DATES	IGNED /
any, unera		EXAMINER'S DEPUTY MEDICAL EXAMINER \(\sigma\)	3//68
necessary, please executal the funeral director. Page 45 may be retained far your TO FUNERAL DIRECTOR: Page Health pract to burial, crem		NAME (Type) JOHN G. BALL ADDRESS(Street, city, lown, or county) Betheso	da. Md.
5 5 4 2 5 ±	230	BUR AL (REMAT ON, 23b DATE 23c, NAME OF CEMETERY OR (REMATORY 23d .OCATION (Cry or Town)	(County) (State)
		Cremation 6-3-68 Cedar Hill Crematory Suitland, Man	ryland
()AR	24	FUNERAL DIRECTOR ADDRESS 1250 REC'D BY REGISTRAR 256 DEGISTRAR'S S	
VR A 15ME (5)	R	OBERT A. PUMPHREY, Bethesda, Maryland	ula Undas



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Montgomery a. stateMaryland Mont gomery MARYLAND CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b l completely **Slied** Interpretation over Carbon papers. Page 1 event, within 72 hours a Bethesda Bethesda d. NAME DF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 9. IS RESIDENCE ON A FARM? 5805 Walton Road 5805 Walton Road YES T NO PC 3. NAME OF Middle DATE Month Last DECEASED remove carb SNYDER 19 68 AGNES E. Mav (Type or print) DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | Days and in any 28, 1882 Female WIDOWED 5 DIVORCED Cauc. 85 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician The law requires that the death certificate be or attending physician. COUNTRY? S. Housevife
13. FATHER'S NAME U. Marvland attending phys ermit. Then ple m, or removal, a 14. MOTHER'S MAIDEN NAME Thomas Patrick Kelly Hosephine Prvor Marv 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unkown) | (If yes give war or dates of service) 16. SDCIAL SECURITY NO. Address 17. INFORMANT this certificate has been signed by the atten detached for use as the burial-transit permit. EDEPt. of Health prior to burial, cremation, or in Daughter Same as Item 2. M. Helen Snyder No 219-54-8294 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ESOPHAGUS 06 IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TD cause (a), stating the underlying cause last. 15 CERTIFICATION PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO TS UNERAL YES [the hospital 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED | 2De. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While director, page 3 should be d should be filed with the State OR ATTENDING be retained by at work at work 21. I certify that (I) (this hespital) attended the deceased from 1 1966 and that death occurred at 100M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED SIGNATURE ATTENDING TO Host Page 4 may P PHYS DIRECTOR M.D. PHYSICIAN'S ADDRESS Del Rav Ave. ROBERT G. NAME (Type) Bethesda. Maryland BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Ft. Lincoln Cem. ladensburg, Maryland 5-7-68 Burial ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland VR A15 (4) 15M 4-64



1	1		MARYLAN DIVISION OF VITAL RECORDS	ID STATE DEPARTME , 301 W. PRESTON STRI				
•		65214		CERTIFICATE OF I	DEATH		0137:	7
		CEASED-NAME First Property of Print		Snyder	20. [May Month 10 tem	1886/968	2b. HOUR M
	3. 5	x Ma le	4 RACE White	S. DATE OF BIR	ril 9th]	6. AGE (In years la Berthdoy) YRS.		NDER 24 HRS. URS Man,
	CON	SIRTHPLACE (State or foreign http://www.haryland	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARR WIDOWED A DIVORC	IED []	Montgomery		Md.
	10 (TY OR TOWN OF DEATH Gaithersburg.		ISTITUTION (If nat in haspital	12a USUAL OCCU during most of §	PATION (Kind of work done	126 KIND OF BUSI INDUSTRY	NESS OR
	₹30 adm	USUAL RESIDENCE (Where deceases ssian) STATE Md.	sed lived, if institution Residence before	Gaither sburg		13e. STREET AND NUMBER Lural		
	14. (ATHER'S NAME First Nathan S	Middle Lost Snyder	15. MOTHER S MAI		Middle Middle	L	ost
	16o. Y	WAS DECEASED EVER IN U.S. ARI es, no, or unknown)	MED FORCES? wear ox dates of service) 16b. SOCIAL SECURITY 218-36-		er D. Cla	Address Agett. Gaither	rsburg.Md	
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	CERTIFICATION		. CONDITION FOR WHICH OPERATION WAS P	YES 🗀	но 🔲	206 IF YES, WERE FINDINGS (CAUSES OF DEATH?		YING
	뤃	21a. ACCIDENT WAS UNDERLYII or contribut no cause of Dea (If either, notify medical exomi	iner) HOUR A.M. Month Day Yea	9		of injury in Part 1 or Port 2,	Item 18.)	
	W	ot wark at wark	PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.			City or Tawn	County	Stote
		22a. I certify that (I) (the saw the deceased concauses stated above	nis haspital) attended the decear alive an e, (I) (we) (did) (did nat) view the	ed from 2241 1965, and that in (mit bady after death.	2, 1850_,) (our) apinian d			(we) last fram the
		226. SKONATURE 226. PHYSICIAN'S	human	DEGREE ATTENDING PHYS. 22e. ADDR	DIRECTOR	STAFF PHYS. S	DATE SIGNED	V
	L	NAME (Type)						
		REMOVAL (Specify)	5-14-68 Fores		G	LOCATION (City or Town) aithersburg.]	Vd.	State)
	24	FUNERAL DIRECTOR TRAST	C. Gartner. Galith	0	2Sa. REC'D BY REGIS	1 5 1968 REGISTRARY	SIGNATURE Ju	ge.

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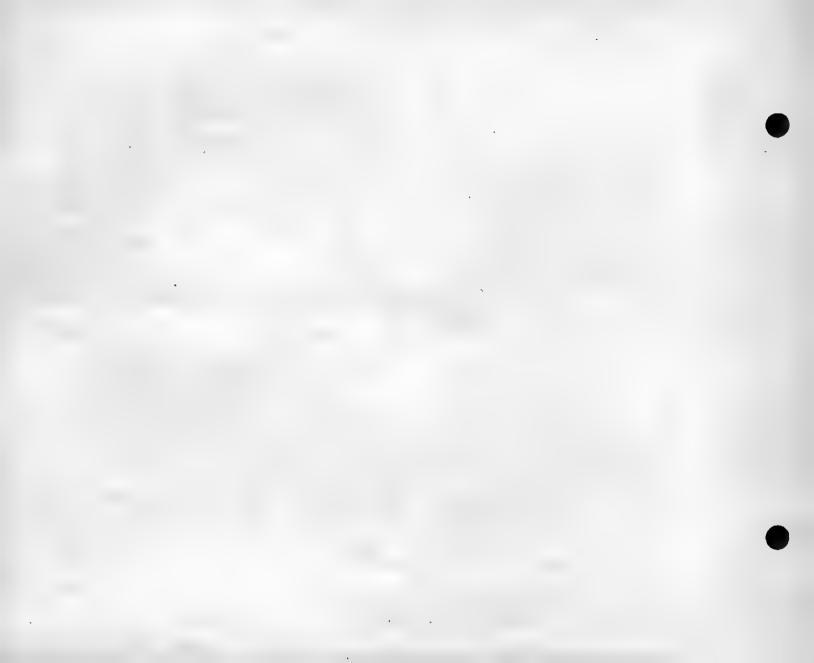
/			MARILAND STATE DEPARTMENT OF HEALTH	
	_ 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
-0			CERTIFICATE OF DEATH	** * * * 1)
	٠ 7 ك		ECEASED NAME First Middle Last 2a. DATE OF DEATH	2b HOUR
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	E - E	3. SE	lest buthday 1	FUNDER LYEAR OF LINDER 24 HRS. DNTHS DAYS HOURS MIN.
			11/ace w 11/1/03 64 485	
- 4		7o. E	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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	The law requires that the death certificate be executed within 24 haurs attending physician. has been signed by the attending physician and campletely filled inchy isse as the burial-transit permit. Then please remave carban papers Patth priar to burial, crematian, ar remaval, and in any event, within 72 habres.	10. C	(ITY OR TOWN OF BRATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast af warking life, even if retired)	₹2b. KIND OF BUSINESS OR INDUSTRY
	ed v	13q	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CUTY OR TOWN 13d MSGOE CITY LIMITS? 13e STREET AND NUMBER 15SION) STATE 13b. COUNTY 13c 15TREET AND NUMBER	
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	ate ician leas and		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address (es no of unknown) 1 (1) yes give war or dates of service) 2 2 2 0 0 9 0 7 0 7 10 10 10 10 10 10 10 10 10 10 10 10 10	
	tific n p val,	'	(es, no, or unknown) (1 yes give wor or dores of service) 181-09-8018 Margaratha Soule- same item	
	ng p The		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	eath		PART I. DEATH WAS CAUSED BY. Coronary Insufficiency, acute	2 Weeks
	atte atte pern ian,		DUE TO, OR AS A CONSEQUENCE OF	0 Van-
	the the sit b		Conditions, if any, which gove (b) Coronary arteriosclesis, severe	2 Years
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	vires nysic ned rrial- rial,		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 2(a)	<u> </u>
	v reguing phong ph	*	40 V 1	
	endi endi s be as t	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONCAUSES OF DEATH?	ISIDERED IN CERTIFYING
	The aff	RTIFE	YES X NO	
	AN: Jan. Cate Car. Lar. L		210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, the Group of Contributing Cause of Death HOUR A.M. Month Day Year	m 18.)
	SICE Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spring Spri	MEDICAL	(If either, notify medical examiner) P.M. 19	
	Page 4 may be retained by the haspital or attending physician. Page 3 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban planshall be filed with the State Dept of Health priar to burial, cremation, ar remaval, and in any event, with	2	21d. INJURY OCCURRED While Nat while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na City at Tawn City at Tawn	Caunty State
	ING by t ffer be o		22a. I certify that (1) (this haspital) attended the deceased from Morch, 1947, to May 1, 19	, that (I) (we) last
_	ATTENDIN etained by CTOR: After shauld be with the Sta		saw the deceased alive an 19 decay and that in (my) (our) apinian death accurred an the date causes stated abave (1) (aid) (aid) (aid not) view the bady after death.	and haur and tram the
	retores Sahe with	1	ATTENDING MED. STAFF	TE SIGNED
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	O HOSPITAL OF Page 4 may be O FUNERAL DIR director, page 8 shauld be filed		22d PHYSTEIANS Sidney J. Cohen, H.D. 22e ADDRESS 50 W. Edmanton Dr., Richwill	Z, M.J.
	HOS ge 7 FUN rect	230.	BURIA, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
	5		Buril (Specify) 5/9/68 Ers Ridgelawn Pastaic, N.J.	
	VR A15 (4) 30M REV 1/68	24	FUNERAL DIRECTOR yson wheeler Funeral Home 1731 Rock Pike 250. REC'D BY REGISTRAR 250. REGISTRAR 5 SI	GNATURE Cudge
	30M REV 1/68		yson wheeler - uneral nome 1991 - och pare day 7 1968 ord	man in many



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 2a DATE OF DEATH DECEASED NAME First 2b HOUR ond campletely filled in by the funeral lemone carbon popers. Pages 1 and 2 nony event, within 72 hours after death. requires that the death certificate be executed within 24 haurs after death (Type or print) Month Vernon L. STRANG Mav 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IE LINDER YEAR last birthday) Male Caucasian August 12. 1929 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED XNEVER MARRIED country) Wisconsin DIVORCED [USA MIDOWED Montgomery 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during mast of working life, even if retired) Naval Hospital **INDUSTRY** Bethesda, Maryland 13o USUAL RESIDENCE (Where deceased lived if institution; Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 6308 Pioneer Drive 13d. INSIDE CITY LIMITS? 13b. COUNTY YES T Springfiel Middle 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First First Last Letha Oscar Strang Shell O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician of director, page 3 should be detached for use os the burial-tronsit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in Address Virginia 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Springfield Yes, no, or unknown) Mrs. Olga Strang, 6308 Pioneer Drive 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physicion. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? Yes YES TO NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, not fy medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 2 d. INJURY OCCURRED City or Town State County While Nat while at work 22a. I certify that (f) (this haspital) attended the deceased from May 23 , 19 68, to May 30 , 19 68, that M saw the deceased alive an May 30 19 68, and that in may (aur) opinion death occurred an the date and haur and fram the causes stated above; (i) (we) (384) (did not) view the body after death. 22c DATE SIGNED **ATTENDING** May 31, 1968 PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Charles S. Crummy. Naval Hospital, Bethesda, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23a. BURIAL, CREMAT ON (County) REMOVARIS Decive] Arlington National Arlington, Va. 24. FUNERAL DIRECTOR Everly-Wheatley Funeral Home 25a. REC'D AY REGISTRAD VR A15 (4) 30M REV, 1/68 1500 West Braddock Rd., Alexandria, Va. DATE

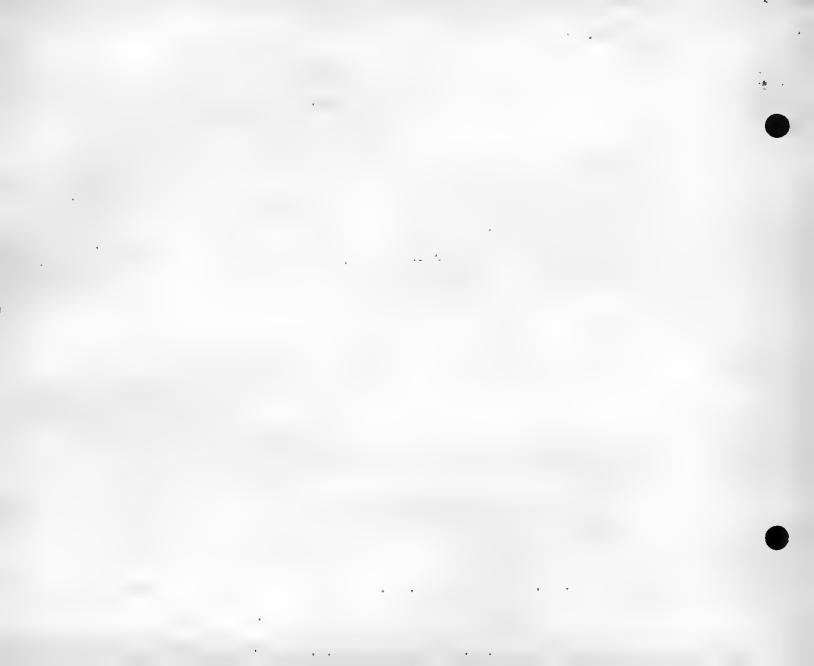


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3 -5	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
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a 3 3	3. SE		4 RACE	S. DATE		6. AGE In years	FUNDER 1 YEAR IF UNDER 24 HRS.			
requires that the death certificate be executed within 24 hours after death g physician. Signed by the attending physician and campletely filled in the funeral burial-transit permit. Then please remave carban papers. Egges and 2 burial, crematian, or removal, and in any event, within 72 cours after death	-	19/2	white	8	14/99-	last birthday) YRS.	MONTHS DAYS HOURS MIN			
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yecu car nave		ATHERS NAME First	Middle Middle	Last IIS. MOTHER	R'S MAIDEN NAME First	Middle	100			
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rerti p ph hen nov		18 CAUSE OF DEATH (Enter one	y one couse per line for (g), (b)		11	7.10000	APPROX MATE INTERVA.			
ding ding		PART I. DEATH WAS CAUSED	BY A	o), and (())	1. Hich	- to time	BETWEEN ONSET AND GEATH			
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franche de la company de la co		stoting the underlying couse	DUE TO, OR AS A CONSEQ	UENCE OF						
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SICI spit spit spit ertif ed	MEDICAL	(If either, natify medical examin		19	C. D. D. D. H.					
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician. 5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban paper shauld be filed with the State Dept. af Health priar to burial, cremation, or removal, and in any event, within 72	~	21d. INJURY OCCURRED 21e. While Not while at wark	PLACE OF INJURY (AFFICE BUILD)	M, STREET, FACTORY.) 21f. LOCATION	Street or K.F.D. No.	City or Town	County State			
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d b d b d b d b d b d b d b d b d b d b		22a, I certify that (I) (this saw the deceased at	ive on 5/23/	1968, and that in	n (my) (our) opinior	deoth occurred an the do	te and hour and from the			
Se la		causes stated abave	, (I) (we) (did) (did not) v	new the bady after death.						
OR ATTENE be retained DIRECTOR: A le 3 should ed with the		22b. SIGNATURE	40711	-1/1 ()ATT	TENDING MED	STAFF 7 22c. I	DATE SIGNED			
DIRE		770hor	1. Mac	SHI MIGRIC. PHI	YS, 🛂 DIRECT	OR PHYS. 5	123/58			
TAL May Pag Pag		22d. PHYSICIAN S NAME (Type)		228	ADDRESS Viers	4.11010	2 fuilla Mal			
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 shauld be calculated by the State of the	-		Tan			THE FIG. IN	ockville 194.			
Share Share	23ª	BURIAL, CREMATION, 23b. I REMOVAL (Specify) 5		NAME OF CEMETERY OR CREMATO		d LOCATION (City or Town)	(County) (State)			
5-5-	24	urial 5	/27/68 Ft	. Linceln	2Sa. RECD BY RE	olmar Manor				
VR A15 (41)					VAN					
		Francis Gasch	s Sons Hyatt	sville Md	DATE PARTY	1 1300 well	rules Judge			

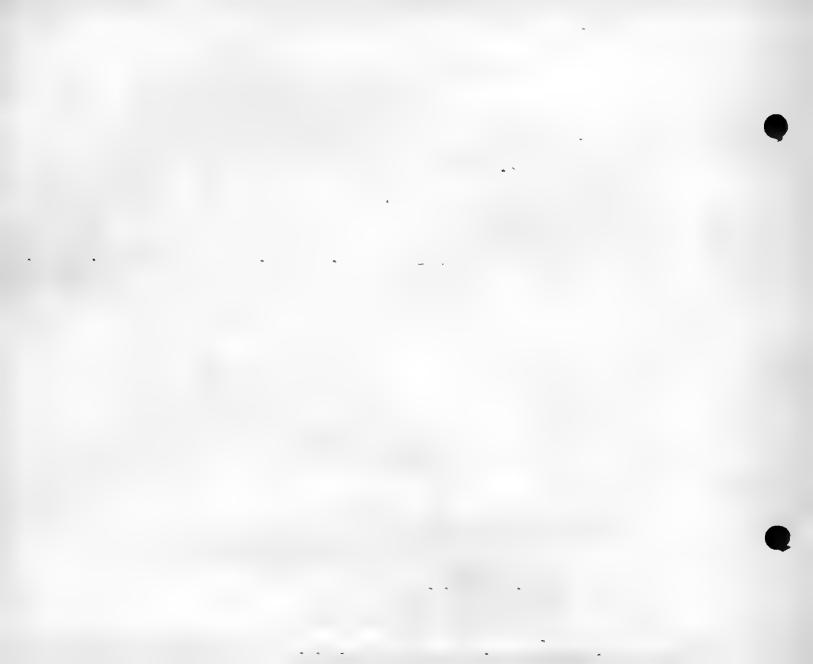


<u> </u>		CERTIFICATE OF DEATH							
The second secon		ECEASED NAME First (Ype or print) Rill:	Middle Adele	SWEENEY	20. DATE OF DEATH May Month 2 Day	Yeor68 1:00 M			
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le em nn and sse rem id in on		ATHER'S NAME First Harry	Middle Lost J. INGRA		el	Lost Thomas			
rrificote physicie en plec	160	WAS DECEASED EVER IN U.S ARM es. 100 or unknown) (If yes give w	222-72-00	03 Mr. Edward C	y Chase Address M . Sweeney, 5126 Brad				
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate lie ellecuted within 24 ling Page 4 may be retainell by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in bidirector, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers, should be filled with the State Dept. af Health prior to buriol, cremation, ar removal, and in any event, within 72 has		Conditions, if any, which gove tise to immediate cause (a), stating the underlying cause last.	OF ONE COURSE (a) (b), and (c) (c) (c) (d) (d), and (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		ORCONDITION GIVEN IN PART 1(0)	BETWEEN OHSET AND ORATH			
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	W	21d. INJURY OCCURRED While Not while of work 22o. I certify that (F) (this sow the deceased of causes stated above 22b. SIGNATURE 22d. PHYS CIAN S	PLACE OF INJURY (AT HOME FARM, STREET FAC OFFICE BUILDING ETC	ed from April II 9 68 and that in (xxx) (our) body after death. DEGREE PHYS 22e. ADDRESS	19_58 , ta_May 2, 19_) opinion death occurred on the date	TE SIGNED y 2, 1968			
O HOSP Page 4 O FUNEI director should	230	BJRIAL, CREMATION, 23b (CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)			
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR Joseph	n Gawler Sons ADDRESS n Ave., N.W. Washi	2So RE	CTD BY REGISTRAR 256 REGISTRAR'S SI	GNATURE Judge			

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_	MARTIAND STATE DEPARTMENT OF HEALTH
1610	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
manipular VI	CERTIFICATE OF DEATH
£ _ 72 £	I DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
after death. he funeral ges I and 2 after death.	(Type or print) James Nathaniel Tatum Month Doy Yeor 1200 M
fun 1	3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER, YEAR IF UNDER 24 HRS.
s after the fi	filals Caucasian 10/15/1908 last birthdoy) Months Days Hours Milk
A STATE OF THE STA	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
Se S	Leon, Va. USA WIDOWED DIVORCED Montgomery County Md.
in 22	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
	Storekeeper Injury Street oddress University Nursing Home Storekeeper Injury Airling Home Injury Airling Home
ompleti ve corl	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 136 INSIDE CITY LIMITS? 13e STREET AND NUMBER
om Swe	odmission) STATE 136. COUNTY Prince Georges Co. Chillum YES NO 808 Chillum Road
eme exe	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
ate be exectican and calease remoi	James Oliver Tatum Susan Elizabeth Sudduth
ertificate be executed with physician and completely ien please remove corban oval, and in any event, with	166. WAS DECEASED EVER IN L. S. ARMED FORCES? Yes, no, or unknown) I'll yes give war or dates of service) 138-03-2676 17 INFORMANT Mrs. Alice P. Bean 808 Chillum Kd. Hyatts. Ma
eoth certific anding physi nit Then pl or removal,	100 to 10
e in a second and	IB. CAUSE OF DEATH (Enter only one couse per ne for (o), (b), ond (c),) BETWEEN ONSET AND OCATH
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thot the d an. by the ott transit perr cremation,	Conditions, if any, which gove (b) MASSIVE CVA & VRIMARY INCOMMENCE 1 MONTH
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The affer hos hos	190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1215 TIME OF INTERY. 1216 HOW INITIALY OCCURRED. (Enter polytre of inclury in Port 1 or Port 2, Herm 18.)
IAN: The all or afficate ho for use for use Health g	210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
fico far	S CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year
YSICI ospit certif hed pt. of	(If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Many Many County Cou
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	ot work of work
by Infler frer Shat	220. 1 certify that (I) (this hospital) ottended the deceased from + 1965, 19, 19, 10, 10, 10, 1968, that (I) (we) last sow the deceased alive on 25, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the
VITEND rained TOR: A hould the S	sow the deceased alive on 25. 747. 1967, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death.
ATTEN retained ECTOR: A should with the	226 SIGNATURE / 22c DATE SIGNED /
d w	DEGREE PHYS DEGREE PHYS DIRECTOR D STAFF D 5/30/68
PITAL OF May be RAL DIR	22d PHYSICIAN'S 22e ADDRESS 1 2
mo mo ERA If be	NAME (Type) Henry R. Wolfe M.D. 1131 UNIV, BLUD, W. S.S. 190.
O HOSPII Page 4 m O FUNER director,	230 BUR A., CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
5 5 5 E W	Burial (Specify) 3 June 1968 Fort Lincoln Cemetery Prince George's Maryland
VR ALAM	24 FUNERA DIRECTOR OF REC'D BY REGISTRAR 250 REG STRAPS SIGNATURE
30M REV VISS	Warner E. Pumphrey Inc. 8434 Georgia Ave. S.S. DATE JUN 5 1968 June



224 III TO IMARTIAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 20 DATE KNOWN delay is and 3 ta (Type or Print) OF ESTI-DEATH MATED IF JNOER 24 HRS S. DATE OF BIRTH AGE (In years last birthday) 2d HOUR White MARCH 17.1917 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH W DOWED X DIVORCED [MentucineRa lashing for 126 KIND OF BUSINESS OR INDUSTRY TONES. 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION Kind of work doze w.th during most of warking I fe, even if retired) WHShinaton 13d, INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived of institution Residence before 13c. CITY OR TOWN Silver Syring YES X NO [after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME haurs 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER INCUS ARMED FORCES? 17 INFORMANT (Yes, no, or unknown) (If yes give war or doles of service) DAVID 18 CAUSE OF DEATH (Enter an y one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY Pulmonary edema & carbon monoxide poisoning IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave smoke inhalation from fire 5 min rise to immed ate cause (a), writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ⊑ PART 2. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of ignery in Part 1 or Part 2, Item 18) PR MARY OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INILRY (At hame, farm, street, 21d INJURY OCCURRED 21f LOCATION Street or R F D No City or Town County State factory affice building etc.) WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry ond in my opinion . Accident X . Suicide deoth resulted from: Notural causes Homicide Undetermined monner CHIEF MEDICAL EXAMINER may be re 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO IUN Haalth EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county) the 23g BUR AL CREMAT ON. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) 9t. Lincoln Crematory Prince George Co., Maryland 8434 Gébétaia Aven.





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. %		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
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4 haurs	com com	BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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■ 表記 7//	15	give street address) The Bury Tanaduring reast of working the even if retired.) INDUSTRY
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an an nd i	16.0	WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO. 17 INFORMANT Address 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3
rcat Sici		(es, no, or unknown) (ti yes give war or doles of service)
rriif phy ava	=	mr Va. ///arta/sell/Blaconsberg, Md
em Th		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) Aneurysm dissecting ruptured PART I. DEATH WAS CAUSED BY: ascending aorta Type of the barry of the
arti		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ascending aorta Immediate
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equires that the death certificate be executed physician. signed by the attending physician and cample burral-transit permit. Then please remave a burial, crematian, ar remaval, and in any even		isst + (c)
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F P S S 도 1	CERTIFICATION	YES ⊠K NO □ CAUSES OF DEATH?
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Dig ill be	MEDIC	(If either, natify medical examiner) P.M. 19
has has been appropriately	=	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State
this De		While Nat while at work at work
ING by t ter tate		22a. I certify that (1) (this haspital) attended the deceased, from May 12 , 1966, ta way 14 , 1960, that (1) (we) last
NO PER		saw the deceased alive an That I I I I I I I I I I I I I I I I I I I
S S S S S S S S S S S S S S S S S S S		causes stated above, (I) (we) (did) (did not) view the body after death
ECT Per Par With With Williams		22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
DIR be		Talevard S Withouski J. Wilderee ATTENDING DIRECTOR - STAFF - Mary 15, 1968
ration of the first of the firs		22d. PHYSICIAN'S NAME (Type) Edward S. Witowski (1228 Mis. Ave., Bethesda, Md.
SPI 4 m d b	L	aver falle)
Page 4 may be retained by the haspital ar attending physician. **Definition of the page 1 physician of the page 2 physician of the page 3 shauld be detached far use as the burial-translation of the priar to burial, creating the prior to burial,	2 3a	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
5 5 5 4 V		UFIA(Specify) 5/18/68 Rockville Rockville Rockville
VR ALS	24	FUNERAL DIRECTOR ADDRESS 2SG. REC'D BY REGISTRAR 2Sb REGISTRAR SIGNATURE
30M REV	1	yson Wheeler Fune ral Home-1331 Rockville, Pike MAY 20 1968 Charles Judge



,	١				ND STATE DEPARTMENT OF H		
N. H.			40000		, 301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	MOKE, MAKTLAND ZIZUI	, Ġ .
		1. DF	CEASED-NAME First	Middle	Last	20 DATE OF DEATH	2b HOUR
death and death			(Pe or print) ESTHE		TUNIS	Month Day	
er de funer l ar		3. SE	X	4. RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER YEAR IF UNDER 24 HRS
affe soft			Female	White	April 22,	1917 last birthday) YRS.	MONTHS DAYS HOURS MIN
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital or attending physician. NIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remave carban labers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remave carban labers. Pages 1 and 2 ded with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs death.		7a B	IRTHPLACE (State or fore.gn Try) New York	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	B. MARRIED (NEVER MARRIED WIDOWED DIVORCED)	9 COUNTY OF DEATH Montgomery	Md
thin 2	,		TY OR TOWN OF DEATH Takoma Park	11 NAME OF HOSPITAL OR II	on San.& Hospital	I OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
ecuted wit campletely ave carba y event, w				ed lived, if institution: Residence before	13c, CITY OR TOWN 3d INSIDE CITY II		
cuted armpl	1	admı	ssion) STATE Marylan	Montgomery	SilverSpring NC	□ 1100 Ruatan	St.
in any	d	14. F	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F		Last
be be no din din din	0		Louis			Dina	Friedman
srtificate b physician en please aval, and i			WAS DECEASED EVER IN U.S. ARN es, no, or unknown) (If yes give w	NED FORCES? 16b. SOCIAL SECURITY (or or doles of service)		Address	المادة المادة المادة
ertif ph)		-			Jack Mersal,	8127 15th Ave	APPROXIMATE INTERVAL
may be retained by the hospital or attending physician. RAL DIRECTOR: After this certificate has been signed by the attending physician and camplets page 3 should be defacted far use as the burial-transit permit. Then please remave carbe filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event,			PART I. DEATH WAS CAUSED IMMEDIA	ly one cause per line far (o), (b), ond (o) BY NTE CAUSE (a)	rimlar Febrille	alyn	BETWEEN ONSET AND DEATH Minutes
he d attr perr			Conditions, if any, which gove)	DUE TO, OR AS A CONSEQUENCE OF	+ 0 d		u
nat t , the nsit			nse to immediate cause (a), ((b) DUE TO, OR AS A CONSEQUENCE OF	ur Solline Mus	distil	your
icion the control of			stating the underlying cause last.	(c)			
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e lav tend is be as t priar		CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS OF CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
The rate of the ra	Nap	ERTIF	21o. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	YES NO P		10.1
IAN tal o ficat far free		룅	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Manth Day Yea		nature of injury in Part 1 or Part 2,	Ifem (B.)
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ING by t ffer ffer be c			22o. I certify that (I) (th	is hospitol) attended the decea	ed from 3/2 , 19 6	4, to 5/15 , 19	68, that (I) (we) last
R: A unid the the			saw the deceased of couses stated obove	tive an <u>\$742</u> e, (l) (we) (did) (did not) view the	ied from 3/2, 19 6 19 6, and that in (my) (aur) opi body after death.	nian death occurred on the da	te ond hour and from the
R ATTER r retaine RECTOR: 3 should			22b. SIGNATURE	2 0	ATTENDING		DATE SIGNED,
OR 5e 1 DIRE			Jew	P. Jegul	DEGREE PHYS 🔼 D	RECTOR PHYS. 5	115/18
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O HOSPII Page 4 m O FUNER director,	X	230.	BURIAL, GREMATION, 23b. I REMOVAL (Specify)	DAJE / 23c NAME OF	CEMETERY OR CREMATORY	23d, LOCATION (City or Town)	(County) ((State)
TO HOS Page direct	87		3	117/68 Put 7	ebenon amelly	Harattowelle.	Med.
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# 3			CEASED NAME First ype or print)		iddle	Lost	20. DATE O	Month Day	Year	2b. HOUR
offer death	1		Mer		VAN	METRE	May	27	68	320P
		3. SI		4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	2	L	Male	Caucasian		Feb. 3, 1		65 YRS.		
	3		BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTE	RY? 8 MARRI	ED KONEVER MARRIED	9. COUNTY OF	DEATH		
Ders.	7	L	Indiana	USA	WIDOW		Mont	gomery		Mo
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ed ed car		13a	USUAL RESIDENCE (Where decease	d lived, if institution: Reside	nce before 13c CITY			REET AND NUMBER		
am ave	Ď	-	USDAL RESIDENCE (Where decease ssian) STATE Maryland	13b COUNTY Montgome	ery Gait	hersbury YES	105	Summit Av	enue	
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be new Series	<u>'</u>			s Stevens Val		Sarah Joh	nson			
arte Sicria Slea	5	160.	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16b. SOCIA		7 INFORMANT		Address		
Tiff Sylva	Š		", Tes" 1925	7 or dotates of service) 220-	114-0201	Navy record	S			
9 5 5			18 CAUSE OF DEATH (Enter one	ane cause per line far (a),	(b), and (c).)				APPROXIN BETWEEN ON	NATE INTERVAL NSET AND DEATH
andir midir	5		PART I. DEATH WAS CAUSED IMMEDIA	BY Ad	enocarcin	oma of the 1	Liver			
atte			17/8	DUE TO, OR AS A CONSE	QUENCE OF					
the the	_		Canditians, if any, which gave	(b)						
that in. by by	<u></u>		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSE	QUENCE OF					
sicio ed led l	, 5	П	lost. 1561	(c)						
quir phy sign suri	2	П	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DI	ATH BUT NOT RELATED	TO THE TERMINAL DISEAS	E OR CONDITION GIVE	N IN PART 1(a)		
ng en s	2	Į	Bronchial ;							
AN: The faw real of a cattending icate has been for use as been for use the state of the state o	2	CERTIFICATION	19a. DATE OF OPERATION 19b. (ONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20a. AUTOPSY?		YES, WERE FINDINGS CO	ONSIDERED IN CE	RTIFYING
The aff	2 /	I				_	NO [S OF DEATH?		
ate ate	5	1 5	21a. ACCIDENT WAS UNDERLYING			HOW INJURY OCCURRED	(Enter nature of inju	ry in Part 1 or Part 2,	Item 18.)	
Pital Pital	5	ă	OR CONTRIBUTING CAUSE OF CEATH	HOUR A.M. Manth	Day Year 19					
hosp cer		黑	214 INTERV OCCUPPED 214	PLACE OF INJURY (AT HOME, FA	RM, STREET, FACTORY.) 21	LOCATION Street or R.F.	.D. Na. City	or Tawn	County	State
L OR ATTENDING PHYSICIAN: y be retained by the hospital or DRECTOR: After this certificate and a second of the continuity of the continuity of the continuity of the control of the cont	2		at work							
ING by t ter ter	2		22a. I certify that (\$\mathcal{F}(this saw the deceased all causes stated abave	hospital) attended th	e deceased from.	April 16	19_68, ta	May 27_, 19	_68_, that	(1) (we) las
A Paragraphic	2	П	saw the deceased al	ve anviay 21	19 00	and that in (my) (au	r) apınion death	accurred an the da	ite and haur c	and fram the
IOR Hay		П	225 IGNATURE	(b)c (we) (aid) (aincread)	view the body att	er death.	•	124	DATE SIGNED	
R A A	≩		Joane 5/1	Achla	MO	EGREE PHYS	MED.	CTAFF	ay 28, 1	1068
	1		22d. PHYSICIAN'S		- 1111	22e. ADDRESS	DIRECTOR C	PHYS. Las 198	19 20, 1	1900
May May	e /		ALADAT (T. A.	BLACKBURN, LA	CDR, MC, U		Hospital	Bethesda,	Manuelar	n.A
OSP 3 4 INE	5	1020	BURIAL CREMATION, 23b D		NAME OF CEMETERY		224 IDCAT	ON (City or Town)	(County)	(State)
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by aftertary, page 3 shauld be detached for use as the burial-transfer.	DUS	230.	MALLONIA 40 (1)	31, 1968		National		ngton, Vir		(Sinis)
F =		24	FUNERAL DIRECTORGATTNET	's Funeral H	mABORESS	25a. R	EC'D BY REGISTRAR	25b REGISTRAR'S	SIGNATURE	
VR A1 30M REV	5 (4) /. 1/68			mond Ave., G		g Md DATE	MAY 31	968 police	was fee	della
			JEG 2400 DEG			OJ TONE		- U		17



	1	MARYLAND STATE DEPARTMENT OF HEALTH		
FOR STATE	,	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	- 1	3 4 5
FOR STATE	- L			
The state of the s		(Type or Print)	ογ Yeor 6 1968	26 HOUD
1 to 6 9 1	3 S	WOODIIN Grady Vaughn DEATH MAIED	9 1900	2d HOUR
del 3 del	1,	STATE OF THE STATE	Year 1068	7:45 _M
any detay is 1, 2, and 3 to rm PM3 Page Department of	70	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED 30 EVER MARRIED 9 COUNTY OF DEATH	1400	M
- E 9		Alabama U.S.A. WIDOWED DIVORCED Montgomery		Md
fin for			2b KIND OF BUSH	
INER: This certificate shauld be executed within 24 haurs after death e certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a bunol-transit permit File pages I and 2 with the State Deathon, or removal, and in any event within 72 hours offer death			NDUSTRY	
Give ong th th	13a	a USUAL RESIDENCE (Where deceased lived if institution Residence before 13c (VTV OR TOWN 136 INSIDE (ITV JM/IS? 13e STREET AND NUMBER		
s after 18 Girls olong with death	0	odm ssion) Maryland 13b (OUNTM ntgomery Silver Spring IS NO 100 Bonifant R	hens	
24 haurs in Item 18 r's Office es 1 and 2	14 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost	
a de la companya de l		Daniel H. Vaughn Dollie B	randon	
hin 24 ncil in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT TROOTES ADDRESS		
within pencil xamine ile pagi	0	(Yes, no, or unknown) (fl yes give wor or dottes of service) 204-05-2684 Montgomery General Hospital, Olne	v. Md.	
d with per Exart File		18 CAUSE OF DEATH (Enter only one cause per ne ferto), (b), and (c)	APPROX MATE I BETWEEN ONSET A	NFERVAL
be executed "pending" i iief Medical insit permit event within		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Tulmonary Comb alicema	gerreen once	IND DENI
mdir Mer pe		H 92 X DUE TO, OR AS A CONSEQUENCE OF		
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ord ord		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
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is certificate te, writing thi forwarded to le used as a b removal, and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)		
office tring arde of, c	× ×	2 /i		
certif writi orwan used movo	Iš	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY	1
his ote, e fo be r	CERTIFICATION	MAY ERITORIED:	YES 🗌	NO X
INER: This the certificate should be falles. 3 should be falles.			1 16.)	
INER: e cert shoul files. 3 shou	MEDICAL	CAUSE OF DEATH P.M 19	Country	EA.A.
	2		County	State
DEPUTY DICAL EXAMINER: This certificate shauld esessary, pleose execute the certificate, writing the word as funeral director. Page 4 should be forwarded to the Chmay be retained far your files. FUNERAL DIRECTOR: Page 3 should be used as a buriol-traceofth prior to burial, cremation, or removal, and in any		WHILE NOT WHILE Toctory, office building, etc.)		
AL Port		22a. I certify that I taak charge af the remains described above, held an Autopsy Inspection Inquiry	and in my	apinian
director. Pige expenses of director. Pige expenses of director. Pige expenses of director.		death resulted from: Natural causes Account , Suicide , Homicide , Undetermined manner		
eta diri		ACTUAL CHIEF MEDICAL EXAM NER	CHED	
ry, ly, lerol be r		SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b DATE SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	191	0
DEPUTY necessary, phe funerol 5 may be r 5 FUNERAL Heolth price		EXAMINER'S NAME (Type) Belden R. Reap. M. D. ADDRESS(Street, city, town or county)	11/10	8
to DEPUTY necessary, the funero 5 may be 10 FUNERAI Heolth pr	23n		County) (Sh	01 <i>P</i>]
2 2	200	Burial May 10.146 Baltimore Natural Centry Baltimore,	n	K
VR A15ME [5]	34	and sure and the state of the s	Cas Judg	il.
TOW KEN TYDINGS (1)	1			



11-	1			ID STATE DEPARTMENT (
1		382		CERTIFICATE OF DEAT	ALTIMORE, MARYLAND 21201 'H	37387
E PAR W		ECEASED-NAME First	Middle	lost	2g. DATE OF DEATH	2b. HOUR
4	(Type or print) Ethe	el SMcCau	ley Vermillion	Month Day	68 9:30A
E = 1 = 1	3 5		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
the state of		Female	White	2 Sept.	. 4. 1883 (ash hirthday) YRS	MONTHS DAYS HOURS MEN
haurs haurs	70.	BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
n 24 hc n 24 hc papers.	Ga	Tena, Md. (Kent ¢	Co.) USA	WIDOWED DIVORCED	Montgomery	Md.
filled paper paper		CITY OR TOWN OF DEATH	anya straat address	ISTITUTION (If not in hospital 12a	USUAL OCCUPATION (Kind, of, work done on most of work Garage Report of retired)	12b KIND OF BUSINESS OR
F P P P		ilver Spring Md.	. Holy Cros	s Hospital Na	L Cashier	Magazine
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs be haspital ar attending physician. This certificate has been signed by the attending physician and campletely filled in by etached far use as the burial-transit permit. Then please remave carbon papers. Proppet at Health prior to burial, cremation, argamoval, and in any event, within 72 haurs.	adm	USUAL RESIDENCE (Where deceased issuan) STATE Mary Land	d lived, if institution: Residence before 13b. COUNTY ntgomery	13c. CITY OK LOWY ing Co. HSIDE	13e. STREET AND NUMBER NO 3305 Edgewood	Rd. Kens Md.
and dug		FATHER S NAME First	Middle Lgst	15. MOTHER'S MAIDEN NA		Readindost
be ex n and se rem din an	_	George		rillian Emma		
ertificate be physician a nen please i saval, and in	1		ED FORCES? 16b SOCIAL SECURITY 579-48-81	0. 4	Address	ned Dd Vana
Ph Ph Ph	l n			10100. 2011	el E.Webb 3305 Edge	APPROXIMATE INTERVAL.
eath certifi ending phy mit. Then ar remava		18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	y one couse per line for (a) (b), and (c) BY.	1.1.6	/ -	BETWEEN ONSET AND DEATH
dea dea	ı	IMMEDIATI Zu	TE CAUSE (a)	2011131 JULI	CINE	15 m
that the dian. by the attransit per cremation,	ı	Canditions, if any/ which gove)	DUE TO, OR AS A CONSEQUENCE OF	- //		20
that in the second seco		rise to immediate cause (a), (DUE TO, OR AS A CONSEQUENCE OF		my	<u> </u>
equires that the death ce physician. signed by the attending burial, cremation, or remover.	ı	iost. underlying couse	(c)	isc/motic	hond Noise	9
e faw requires tending physic as been signed as the burial prior to burial.	L	PART 2. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(o)	
Tale and the state of the state	z	4201	None			
: The law r rr attending e has been use as the alth prior ta	CERTIFICATION	19o. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
The att	Ē				CAUSES OF DEATH?	
YSICIAN: The aspiral or of certificate he hed for use to the for use to the for the form the		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH	21b. TIME OF INJURY HOUR A.M. Month Day Acti	21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Port 2, I	tem 18.)
Stigning Bar 6	MEDICAL	(If either, not fy medical examine	er) P.M. 1	9		
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached for use as the burial-transhould be tiked with the State Dept of Health prior to burial, creased the state of the	×	While Not while		CTORY) 21f. LOCATION Street or R.F.E		County State
IDING d by t After d be o State	1	22o. I certify that (I) (this	s hospital) attended the deceas	ed from 3/11, 1	1966, to present	, that (1) (we) lost
OR ATTENDING be retained by the INECTOR: After the a 3 should be do and with the State		sow the deceased of	ve on (li) (did not) yiew the	hody after death	19 <i>66</i> , to	te and hour and fram the
ATTENI stained CTOR: 4 should with the		226 SIGNATURE	(ne) (did) (did) file in interpreter inte	12(1)	22c. 1	DATE SIGNED
DIRE S	1	Dav 15	(Amhan'	DEGREE PHYS	MED STAFF STAFF	129/68
May be RAL DIII	L	22d. PHYSICIAN'S MAME (Type)	- P 11-11	22e. ADDRESS	C. A.	01 01
FO HOSPITAL OR ATTENPOSE 4 may be retained to FUNERAL DIRECTOR: director, page 3 should should be filed with the		707711	V D. UMHA	4 11N 880	5 Conn. Mr.	Charles
Short Short	23a.	BURIAL, CREMATION, REMOVAL (Specify) 23b. DA		CEMETERY OR CREMATORY gton National Cen	23d LOCATION (City or Town)	(County) (State)
<u> </u>	24	2.002.00.23	4.208 HELLIN	geon racenae Cen	CD BY REGISTRAR 256 REGISTRADS	
VR A?5 (4) 30M REV. 1/68		arner E. Pumphre	ey, Inc. Silver S	pring, Md. DATE	JUN 3 1968 200	arles judge





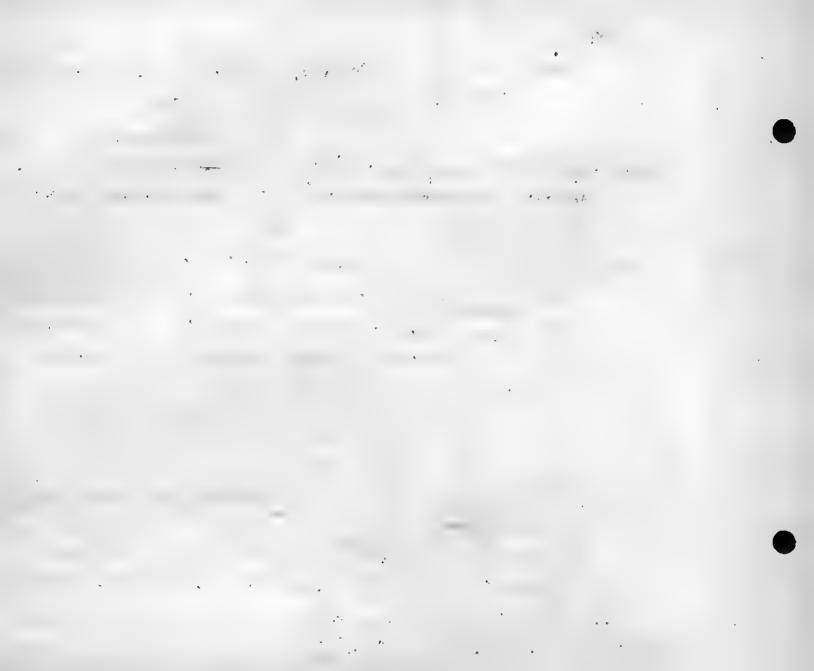
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30M REV, 1/68



1	It	ems 13-22a Film 400 MARYLAND STATE DEPARTMENT OF HEALTH 15-68 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	47. 3
HEALTH DEPT.		ECEASED NAME First Middle Last 2a DATE KNOWN Manth D Type or Print) OF ESTI:	Ooy Year 2b HOUR
of age to		LUA VVE/TZMAN DEATH MATED US - 3	3 18 2 2 3 1
and 3 was a support of the support o	3 5	FRANCE CAUC S DATE OF BIRTH FRANCE CAUC SEPT. 29, 1907 60 YRS MONTHS DATS HOURS MN SEPT. 29, 1907 60 YRS MONTHS DATS HOURS MN MONTHS DATS HOURS MN MONTHS DATS HOURS MN	Year 168 20 HOUR 205
572		BIRTHPLACE (Stole or foreign 76 (ITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH)	
1 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	BAI	TIMORE MD. U.S.A. WIDOWED D VORCED MORE OF MOSPITAL OR INSTITUTION (If not in hospito 120 USUAL OCCUPATION (Kind of work done 12	20 MMD OF BUSINESS OR
frer death. Give Pages ang with farr	0	give_street address) [during most of warking life even if retired.)	AT HOME
Grve ang th th	130	LSUAL RESIDENCE (Where deceased lived, if institution: Residence before LSC CNY DK TOWN 38, NOVE CIVILIAND 136 STREET AND NUMBER	AI NUME
de x of s		drussian STATE TABLE TO THE TAB	ROAD #21215
hours after item 18. Gr Office along 1 and 2 with after death	14 F	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
		JOSEPH SHAPING DORA	ROSENBERG
t within 24 in pencil in Examiner's Examiner's File pages in 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give war or dates of service) ADDRESS WR. THEODORE WEITZMAN. 5800 CLOVER	nain #0101E
f with no per Example File	-		APPROX MATE INTERVAL
be exected wil "pending" n pe nef Medical Exar insit permit. File ■vent within 72		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY Asphyxiation due to smoke inhalation	BETWEEN ONSET AND DEATH
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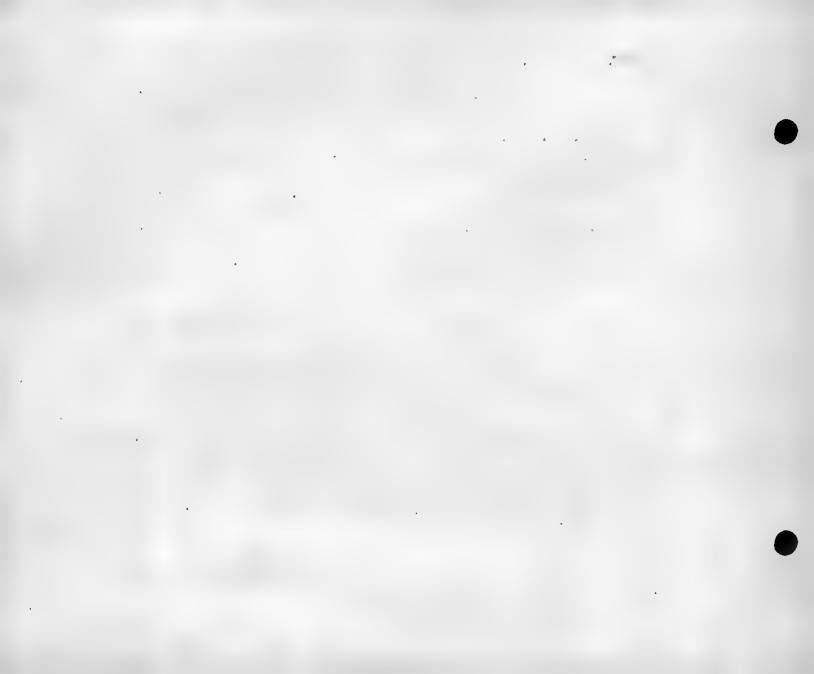
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	L	0 - 2 8 3 my		CERTIFICATE OF DEA	TH	"" "
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\$ 4.5 - 5	3. 5		4. RACE	5. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 IRS.
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NING PHYSICIAN: by the haspital ar flet this certificate be defached far u state Dept. of Heal		AATTING MICH AATTING	OFFICE BUILDING, ETC.	FACTORY.) 27f LOCATION Street or R.F	.b. No. City of Igwii	county signs
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ADING d by t After d be c		saw the deceased alive	on 5/24	19 68, and that in (my) (ex	19 56 , ta <u>5/2</u> & c) apinion deoth occurred on th	e dote and hour and from the
OR: DE LE		causes stoted obove, (I) (we) (did) (diame) view th	e body ofter death.		
refr 3 st wit	1	22b. SIGNATURE	00	ets degree Phys.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED
	П	22d. PHYSICIAN'S	a. Pop	DEGREE PHYS. L	DIRECTOR L PHYS. L	5/24/68
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filler directar, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pages should be filled with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within	١.	NAME (Type) JAM	ES A. ROBE	775 MID. 8907	Geo. AVE. SILV	ER SPRING, MD.
UNI Perte	230	BURIAL, CREMATION, 23b DATE	23c. NAME C	F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
0 0 0 p 4			y 28,1968 Gat	e of Heaven	Silver Sprin	ng Montgomery Md.
VR A15Val	24	PUNERAL DIRECTOR	ADDRE	SSUCRE, AUG, 250. 1	REC'D BY REGISTRAR 256, REGISTI MAY 2.8 1968	RARS SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Item#9.FilmGL01 6/11/68km PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY DISTRICT OF COLUMBIA OUNTY MONTGOMERY MARYLAND b. CITY OR TOWN (If outside corporate smits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c, LENGTH OF STAY IN 16 write RJRAL and a ve nearest town) WASHINGTON SILVER SPRING d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? paper SYLVAN MANOR HEALTH CARE CENTER 2441 39th STREET, N. W. I NO.¥ event, within requires that the death certificate be executed within 3. NAME OF Middle carban First Lost 4. DATE Month Doy Year DECEASED YING OF H. WEN MAY 19 68 28 (Type or print) DEATH 9. AGE 1 9 years 5 SEX 6 COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** Hours MALE JANUARY 18. ORIENTAL 1887 ar removal, and in any WIDOWED DIVORCED pub 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) USA (OUNTRY? physician CHINA 13 FATHER'S NAME 14. MOTHER 5 MAIDEN NAME TSUNG WEN LEI 1020 Magrosvenor Place 16. SOCIAL SECURITY NO. 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes no, or unknown) (If yes nive war or dates of service) ALFRED Y. WEN (SON) unknown Rockville, Maryland crematian. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) signed by DUE TO Conditions, if any, which gave rise to immediate couse (a), **DUE TO** stoting the underlying cause Page 4 may be retained by the haspital ar attending as the WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) use NO FUNERAL DIRECTOR: After this certificate 卓 20o ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work at work 1923, to 24 May 21. I certify that (I) (this haspital) attended the deceased fram. . 19 68 that (1) (we) las _19 68, and that death accurred at 7.57AM, from causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING directar, page 3 should be filed v M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type) 23o BURIAL, CREMATION, 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 6/6/68 U.S.Military Academy Com. West Point. 9 New York 25b. REGISTRAR'S SIGNATU 24 FUNERAL DIRECTOR-250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



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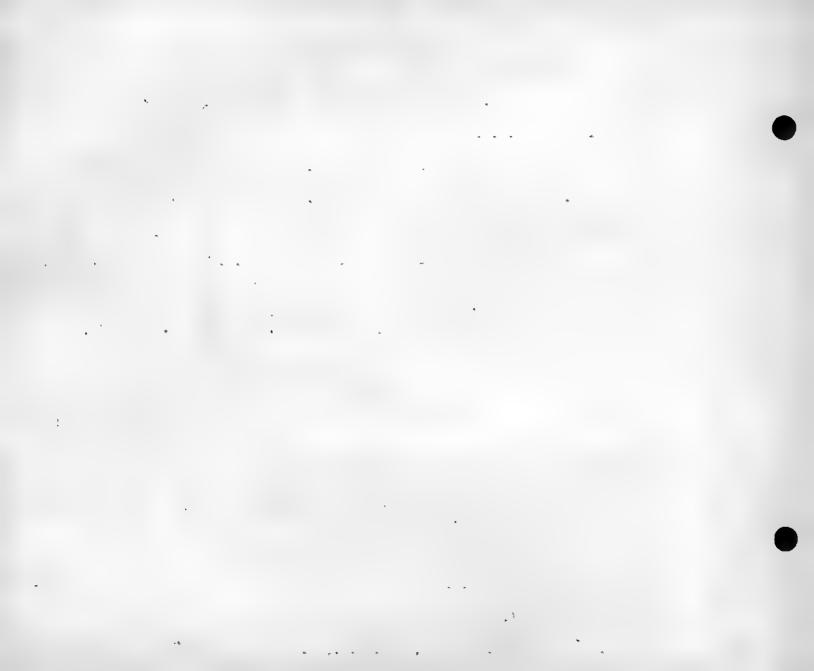


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAME 2o. DATE OF DEATH 2b HOUR a (Type or print) Baby MickerkxBoy Whitcomb signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages I and burial, crematian, ar remaval, and in any event, within 72 haurs after dedi XBRKKKX 1968 L1:25 M 3. SEX 4 RACE 6 AGE (In years S. DATE OF BIRTH IF UNDER 1 YEAR Male White 4-30-68 last birthday) requires that the death certificate be executed within 24 haurs and campletely filled in by 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) Md. U.S.A. WIDOWED [DIVORCED [Montgomery 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR gwassyddressban & Hospital during most of working life, even if retired)

N_ne INDUSTRY Takoma Park N ne 13e STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN Village 3d. INSIDE (" LIMITS? admission) STATE 13b COUNTY Baltimore Md. Baltimore YES X NO Route 4, Box 9, Aladdin 14 FATHER S NAME First 15. MOTHER S MAIDEN NAME First Middle Middle Lost Barry Michael Whitcomb Arleen Staples 17. INFORMANT 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, na, or unknown) Father APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSEY AND GEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been directar, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar ta 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES [NO T O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Manth Day Year P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at wark _, 19_ ___, that (I) (we) last _, and that in (my) (aur) apinian death occurred an the date and haur and from the 22b SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS GKLZZYSETT 135R/70W,72 NAME (Type) SFRINGHILL 6202 23a BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) REMOVAL (Specify) 5-2-68 Wash. San & Hospital Takoma Park, Mont., Md. 24 FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE J.D. Ruffcorn, Takoma Park, Maryland 1968 MAY

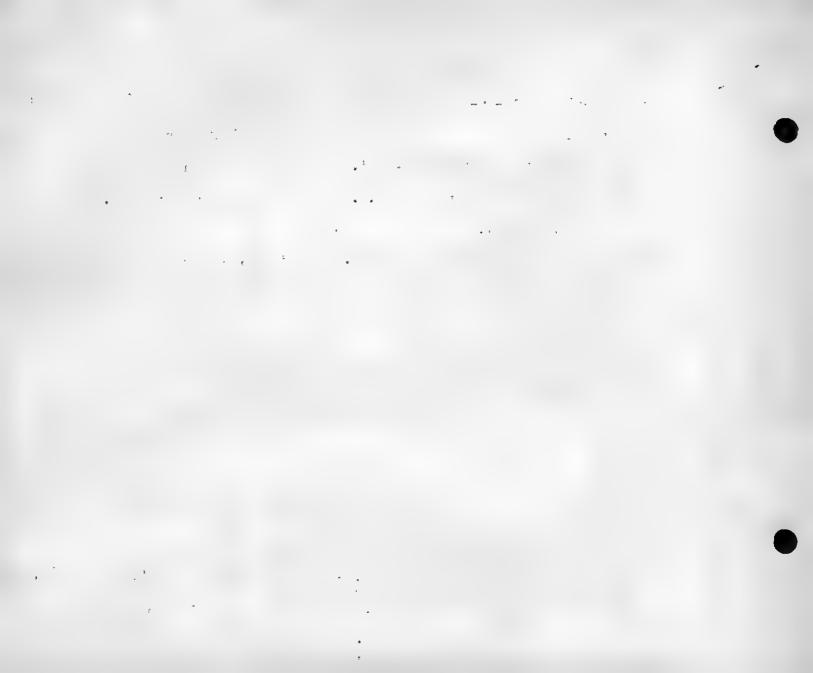


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KAMINER: This certificate shauld be executed within 24 hours a te the certificate, writing the word "pending" in pencit in Item 18 ge 4 should be forwarded to the Chief Medical Exominer's Office a your files. Ugge 3 should be used as a buriot-transit permit. File pages I and 2 was cremotion, or removal, and in any event within 72 hours after details.	Pi	ART 2 OTHER SIGNIFICANT CONDI	ITIONS CONTRIBUTING	TO DEATH BUT NOT RELA	ITED TO THE TERMINAL DISEASE	OR CONDITION G.V	EN IN PART I(o)		
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NER: T certific hould by thes. should rtion, or		TO EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	HOUR A.M	URY Month, Day Year	21c HOW INJURY OCCURRE	D (Enter noture of	injury in Port 1 or Part 2, I	tem 18) 📝	अंतर
NER NER shoul files.	티테	CAUSE OF DEATH	P.M.	19					
	2 21	Id INJURY OCCURRED 21e P	TACE OF INJURY (At I	nome, form, street, etc.)	21f LOCATION Street or R.F.I). No	Erty or Town	County	State
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o DEPUTY necessary, please exect the funeral director. Po 5 may be retained for 0 FUNERAL DIRECTOR: Health prior to burial		NAME (Type) Beldel	n Reap M	.D.	APP) RESSE	CE ST. LEVE	county)	11,	1700
To Fu	23o B		DATE	23c NAME OF CEME	TERY OR CREMATORY	23d LOCA	TION (City or Town)	(County)	(Stote)
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(3/1	24 FU	JNERAL DIRECTOR C GLO	o Cartar	1 1/1 /	A second		R 2Sb REGISTRARS	SIGNATURE	
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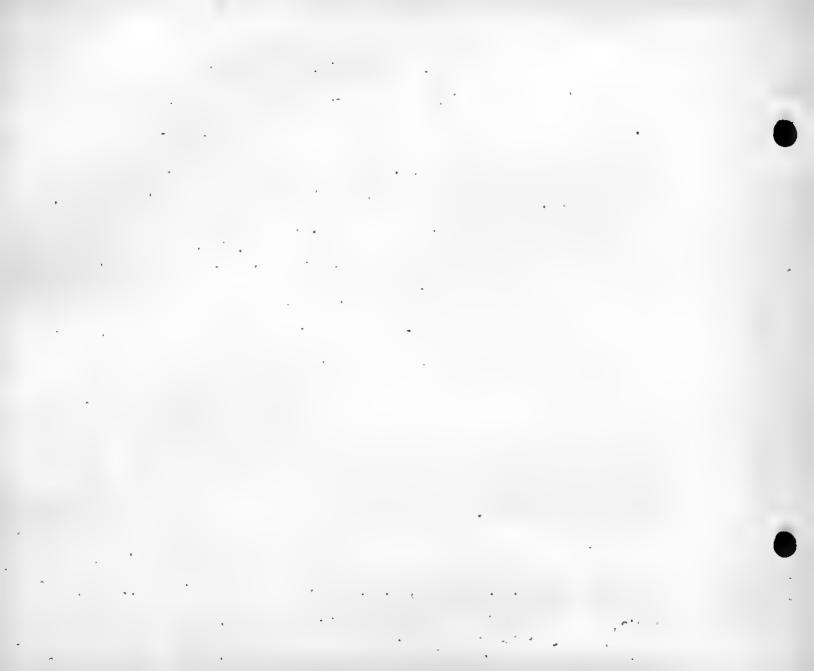


A. C.	t-	-11-0 t DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	I	tem #2a, film G49MeDICAL EXAMINER'S CERTIFICATE OF DEATH 20092	, , ,
HEALTH DEPT.	1 D	DECEASED MAME First Middle Lost 20 DATE KNOWN Month Day Y	Yeor 25 HOUR
N 0,0 142	- (Type or Print) PAULINE ELAINE WIGELL DEATH MATED 5 28	168 M
3 7 2 3	3 5	EX 4 RACE S. DATE OF BIRTH 6 AGE (In years 1 If UNDER 1 YEAR 1 IF UNDER 24 1985 2c DATE PRONOUNCED DEAD	2d HOUR
deloy M3. Pod 3.		Female White 12-25-27 LO YRS MONTHS DAYS HOURS MIN Month 5 Doy28 Year	968 3:18M
THE STATE OF THE S	7a	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	pm
TELLANI		Wisconsin USA WIDOWED DIVORCED Montgomery	Md
£ 89.5	10 (CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done 126 KIND)	OF BUSINESS OR
ded Pe Pe		Silver Spring give street dates state State State Guing most of working life, even if retired INDUSTRY Housewife USUAL RES DENCE (Where deceosed lived, if institut on, Residence before 13c CITY OR TOWN 13d INSDECTIVE LIMITS? 13e, STREET AND NUMBER	
Green Green and the first firs	†3a	USUAL RES DENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSOC CITY LIMITS? 13e. STREET AND NUMBER	
after alang	0	ndm.sston) STATE Maryland 3b (OUNTY Montgomery S.S. YES NO 1508 Jasper St.	
haurs after de Item 18. Give F Office alang w 1 and 2 with the after death.		FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
at a contract		Oscar T. Anderson Hilma	
hin 24 nicl in niner's pages hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 117. INFORMANT ADDRESS	
ath smin smin 2 h	(1	None (If yes give wor or dates of service) 343 22 7724 Mr. John Wigell, Husband	
EXAMINER: This certificate should be executed within 24 hours after death execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages", ar. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 16 for your files. TOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the States untal, cremation, or remayal, and in any event within 72 hours after death.		The CANCE OF REATH (Fotor pals one cause not long for to) this and (1)	ROXIMATE INTERVAL EN ONSET AND DEATH
urter Final Final		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hemorphonic shock due to gunshot wounds	IN ORSEL AND DEATH
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cal Examiner: The execute the certificator. Page 4 shauld be affort your files. CTOR: Page 3 should be burial, cremation, or) Š	210 EXTERNAL CAUSE WAS 21b. Time OF In. JRY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B)	
INER: e certi shauld files. 3 shou ation,	MEDICAL	PRIMARY TORCONTRIBUTING THOURAM 5-29 19 (Decen de de re e and anterior de la company	b: n.
Sh 3s	M.	2 d. N. URY OCCURRED 21e PLACE OF N. JRY (At home, form, street, while not while hot while foctory, office building, etc.)	State
DEPUTY CADICAL EXAMINER: scessary, please execute the certifue funeral director. Page 4 shauld may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremation.		WHILE AT WORK AT WORK TO TOTAL	1.7
EPUTY COLOR EXA sssary, please execute tyneral director. Page of be retailed for you INERAL DIRECTOR: Page Ith prior to burial, cre		220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inspection Inquiry II.	l in my apin on
		death resulted from Natural causes Acceent C, Suicide M, Homicide C, Undetermined monner	
lired to the total to the total to the total to the total to		CHIEF MED CAL EXAMINER	
Ty please y, please e retailla		SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED	
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Code			
VR A15ME/IS	Ty	FUNERAL DIRECTOR On theeler funeral Home 1331 Rock. Pike Rockvilte, Maryland JUN 4 1968 REGISTRAR 1968	Judge.
10M REV 68		Rockville, Manyland	

It is 16- to fil 401 MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First M:ddle Last 2a. DATE OF DEATH 2b. HOUR haurs after death. (Type or print) / May Month 27 Day er dear Elsie WILLIAMSON Η. 3 SEX 4. RACE 5. DATE OF BIRTH IF LINDER YEAR IE UNDER 24 HRS. 6. AGE (In years **HOURS** last (rigthday) Caucasian May 23, 1917 Female 7b CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8. MARRIED TA NEVER MARRIED country) Mississippi USA Montgomery WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address) during mast of working life exent frettred.) TISA burial, crematian, or remayal, and in any event, wit Bethesda Naval Hospital attending physician and completely sermit. Then please remave carba and completely 13c. CITY OR TOWN 13g, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER 136 INSIDE CITY LIMITS? 13b COUNTY Fairfax YES X NO 3515 Cornell Road Fairfax 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Carl Herman Beatrice Horton Fairfax 16g. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes no. grainkingwin) (1 yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, ar unknown) Capt. Thomas C. Williamson, 3515 Cornell Rd. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN CINSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSPOLIFACE OF Canditions, if any, which gave) signed by the burial-transit p rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? Yes YES TO NO [TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. 21d, INJURY OCCURRED City or Town State Caunty While Not white of work 22a. I certify that XI) (this haspital) attended the deceased from May (, 1968 , ta May 21 , 1968 , that (X) (we) last saw the deceased alive an May 21 and that in (X) (aur) apinian death accurred an the date and haur and from the causes stated abave, (d) (we) (did) (& ** view the bady after death. 22c DATE SIGNED 22b SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. M. D. DEGREE 22 May 1968 22d. PHYSICIAN Ş 22e ADDRESS NAME (Type) Naval Hospital. Bethesda. Maryland 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL CREMATION (County) (State) REMOVAL (Specify) Arlington, Virginia May 24/68 Arlington National 2Sb REGISTRAR S SIGNATURE 24 FUNERAL DIRECTORE Verly 25a. REC'D BY REGISTRAR VR A15 (4) 30M REV 1/68 Fairfax, Virginia Vice Pres



4			the short of	DIVISION O			STON STREET, BAL	TIMORE, MARYL	AND 21201	1. 14. 1	2.63
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	d cc	14.	ATHERS NAME First	Middle	Lost		OTHER'S MAIDEN NAME	First	Middle		Last
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	ond	160	WAS DECEASED EVER IN U.S. AI		16b. SOCIAL SECURITY	NO 17 INFO	DRMANT			Lanndal	
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	ceri may		18. CAUSE OF DEATH (Enter of	only one cause per i	line for (a), (b), and (c)		. /	/		APPROX M	ATE INTERVAL
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	G PHYSIC the haspi this certi detached ie Dept. ai	蓋	21d INJURY OCCURRED 21	. PLACE OF INJURY			TION Street or R.F.D. No	City or T	own	County	State
	PHYS he has this ce etache Dept.		While Not while at work		OFFICE BUILDING, ETC.	1			-1		
	by the the period of the perio	1	22o. I certify that (I) (t	his hospital) of	tended the deceose	ed from: 5	7 4 19	F, 10_5/	//	d that	(I) (wet lost
	ND A be		220. I certify that (I) (t saw the deceased	alive on	1/8-1	968, and	hat'in (my) (our) ap	inion death accu	rred on the dot	e and hour o	nd from the
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MARYLAND STATE DEPARTMENT OF HEALTH



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3		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	errido _{to.}	CERTIFICATE OF DEATH 37404
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ge de	(E. e.)	(Type or print) BERNARD DITTO WISHARD 5 Month 3 Day 68 Year 525 M
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s off	Pages urs aft	Male White Aug. 20, 1889 lost birthdoy) MONTHS ONIS HOURS HAIN.
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utec mpl	e c	odm ssion) STATE LAVE (DC) 136 COUNTY + V Wash, D.C. YES NO 1202-4812 Ave,
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artif ph	ovo en	Tes, no, or unknown) (1) yes give wor or pares at service) 577-10-4379 Patient chart
9 H	E I	10. CAUSE OF DEATH ENTER ONLY ONE COURSE OPE line for (o) (b) and (c)
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att of	pen on,	4409 DUE TO, OR AS A CONSEQUENCE OF
‡ ‡	sit nati	Conditions, if ony, which gove (b) Reduced general activity Months
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he atte	h pi	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2DO AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21d ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY A 121c. HOW INJURY OCCURRED (Enter nature of injury in Port 2 (term 18))
÷ o =	alt	21 d ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.)
iji gar	합류	S CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor
OR ATTENDING PHYSICI be retained by the haspit	hed t. a	If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED White Not white P.
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Aft, by	St	22a I certify that (I) (this hospital) attended the deceased from APTI//0, 1960, ta May 3, 1968, that (I) (we) last saw the deceased alive an May 3, and that in (my) (cor) apinian death accurred an the date and haur and from the
E EN	를 수 Fe	causes stated abave, (1) (we) (wa) (did nat) view the body after death.
A part of the part	ş.ţ.	226 SIGNATURE 22c DATE SIGNED 22c DATE SIGNED
OR I	ω γ	DEGREE PHYS DEGREE PHYS DIRECTOR D STAFF DIRECTOR D PHYS D P
AL 2 & E	tile file	22d PHYSICIAN'S , (2)
P. ERA	od k	NAME(Type) W.W. Eastman MD 831 University Blvd, E. Silver Spring Ind
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by	director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban paper should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72	230 BUR-AL, CREMATION, 236 DATE 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (5-616)
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	שט	24. FUNERAL DIRECTOR Chart F. 144 1 ho 1 m Ti. ADDRESS 1 Home 250 REC'D BY REGISTRAR 2 SIGNATURE
30	VR A15 (4) DM REV, 1/68	4308 Suitland Road Suitland, Maryland DATE MAY 6 1968 Charles Judge
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FOR CTATES	DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALLIMOKE, MARTLAND 21201	
FOR STATE!	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPL	1 DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Yeor 2 OF ESTI DEATH MATED 5-23-68 19	765
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Poded Will will be Stated	Takoma Park, gve street gddress ton San. & Hosp. during most of working like even in the like a like the like t	33 UK
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hour Item Office Iomd	Perlman Cost 15, Multiek 5 Mailden Name First Middle Lost	
thin 24 nicil in miner's poggs		
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shauld be executed will be word "pending" in pe the Chief Medical Exarurial-transit permit. File in any event within 72		
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KAMINER: This certificate shauld be executed within 24 hours offer death te the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, ye 4 should be forwarded to the Chief Medical Examiner's Office along with form your files. Your files. Oge 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Decremation, or removal, and in any event within 72 limurs after death.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
wri wri rwo rwo sed	190 DATE OF OPERATION 190 COND T ON FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 3 or Port 2. Item 18.)	
inis di lite, lite	WAS PERFORMED?	NO NO
AL EXAMINER: This execute the certificate, in. Poge 4 should be for 1 for your files. TOR: Poge 3 should bm urol, cremotion, or ren	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 3 or Part 2, Item 18) HOUR A.M.	
INER: e cert should files. 3 shou	CAUSE OF DEATH P.M. 19	
T She mot	The first of the control of the cont	Stote
EXAM ute th your your Poge	WHILE NOT WHILE OCTORY, OTTICE BUIlding, etc.)	
EXACT EXECUTED TO THE POOL OF THE POOL TO	22a. I certify that I took charge of the remains described obave, held an Autopsy , Inspection , Inquiry , and in my	opinion
	death resulted fram: Natural causes 🔀 , - Accident 🔲 , Suicide 🔲 , Homicide 🔲 , Undefermined monner	
Ty please y, please de retaine et alumente prior to britante prior to b	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
Y, p ros e re prio	SIGNATURE MD ASSISTANT MEDICAL EXAMINER 220 DATE SIGNED	
SSOP Unne Unne Unne NER	EXAMINER'S DEPLTY MEDICAL EXAMINER \(\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline	
necessory, the funero 5 may be TO FUNERAl Hearth pr	NAME (Type) ADDRESS(Street, city, town, or county)	
ひにキッちまり	230 BUR AL CREMATION, PREMOVAL (Specify) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote	2)
nK	Burial May 26,1968 Washington National Cemetery Suitland, Maryland	
VR A15ME (5)	24 FUNERA, DIRECTOR Donald M. Stein ADDRESS 232 Carroll 250 RECD BY REGISTRAR 250 REGISTRARS SIGNAL RE WASH. D. GAIE MAY 27 1968	a di
10M REV. 1/68	Hebrew Memorial Funeral Home St., N.W. Wash., D. Que MAY 27 1968	N=0

MAKILAND STATE DEPARTMENT OF HEALTH

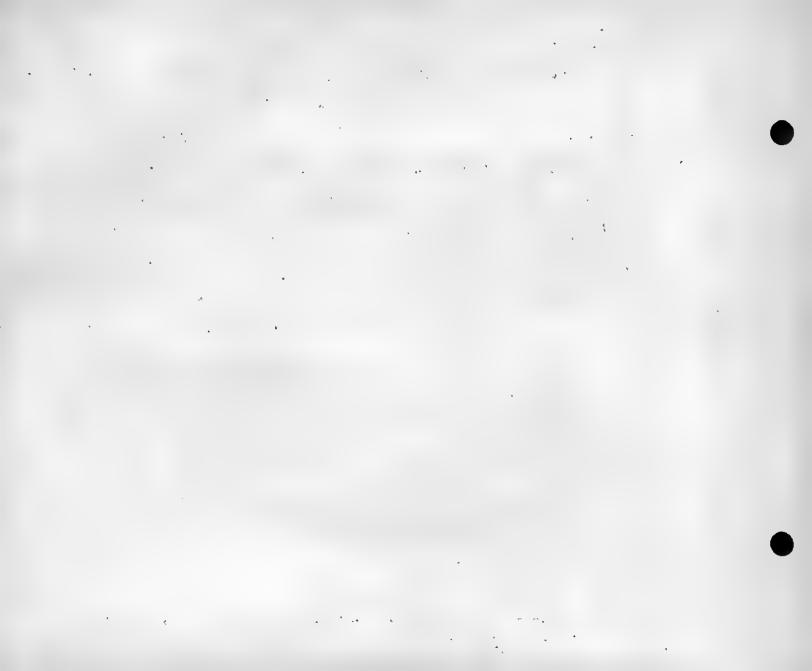
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		0233	DIVISION OF		301 W. PRESTON STREET, CERTIFICATE OF DEA	, BALTIMORE, MARYLAND 21201 ATH	3740	
= 1 4=		CEASED NAME Firs	1	Middle	Lost	20. DATE OF DEATH	2b HOUR	_
death	(1	ype ar print)	11170	120	63000	Month 2 De	Y Yegt 7'40	M.
hours after o	3. SE	X	4. RACE	700	S. DATE OF BIRTH	6 AGE (in years	IF UNDER 1 YEAR IF UNDER 24 HRS	-//
		F	CH	INESE	5-19-	19 lost birthday) YRS.	MONTHS DAYS MOURS MIN	I.
	7a. (BIRTHPLACE (State or foreign	7b. CITIZEN OF-W	HAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH		_
	<u> </u>	CHINA	CH	INA	WIDOWED DIVORCED [ERY N	۸d.
1	10 C	ITY OR TOWN OF DEATH	11 h	NAME OF HOSPITAL OR IN street address)		2a. USUAL OCCUPATION (Kind of work done uring most of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY	
1	12-	AKOMA PA		street address)	AU. : MOSP.		We will be a second of the sec	
17	admi	LSUAL RESIDENCE (Where decer ssian) STATE	13b. COUNTY	mon; Residence before	YES	SIGE CITY LIMITS? 13e. STREET AND NUMBER		
1	14 F	ATHER S NIIME First	Mille	Lost	Is, MOTHER S MAIDEN	1/01/100	NINCSIDE VE	
n *	1 4.	1	1910 amanta d'	<		WHITE THE	£USI	
	16a.	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECURITY	NO. 17 INFORMANT	Address	13-	-
	Y	es, na, ar unknawn) (If yes give	war or dates of service)	_	Son-He.	JOHN GUED, SA	ME REPT.	
		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	n y one couse per l	line for (a), (b), and (c)			APPROXIMATE INTERVAL DETWEEN ONSET AND DEATH	=
		PART I DEATH WAS CAUS	ED 8Y: IATE CAUSE (o)	Vul.	Erubolion		4his'	
		3 / /	DUE TO, OR	AS A CONSEQUENCE OF	12	1/1	1 5	
77		Conditions, if any, which gave rise to immediate cause (a),	(b)	the ling.	My Cardelis	factur (recent	1 2 days	
		storing the underlying cause		AS CONSEQUENCE OF	0 7	This I am a second	3	
		lost	(c)	TIME TO DEATH DISTRI	Coffee to the terminal of the	ACC OCCUPATION OF THE PART IS		=
		PART Z OTHER SIGNIFICANT CO	MUTITORS CONTRIB	CTIME TO DEATH BUT N	OF RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1(0)	<	
	TION	19g, DATE OF OPERATION 19b	CONDITION FOR W	HICH OPERATION WAS PE	RFORMED 20a AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING	_
¥ -	CERTIFICATION	Tomorio			YES [7]	NO CAUSES OF DEATH?		
		210. ACCIDENT WAS UNDERLY			21c. HOW INJURY OCCURRE	Center nature of injury in Part 1 or Part 2,	Item 18.)	_
	■EDICAL	OR CONTRIBUTING CALSE OF DE	iner) PM.		9			
		21d INJURY OCCURRED 24	PLACE OF INJURY	AT HOME, FARM, STREET, FA	CTORY,) 21f. LOCATION Street or R	R.F.D No City or Town	County State	_
		While Not while at work			1.0	17 2/10/	16	_
		22o. I certify that (i) (the saw the deceased	his hospitol) oti	tended the deceos	ed from A Way 10	ur) applied death actured or the d	that (I) (we) lo)st
ı		canzez zigleg apov	e, (I) (we) (did)	(did not) view the	body after deoth.	ur) apinian deoth accurred on the d	are and made and train it	16
		22b. SIGNATURE	1		ATTENDING	220	DATE SIGNED	
	Н	/ fowar	1/	wise.	DEGREE PHYS	MED. STAFF PHYS. STAFF	128/68	_
1		22d. PHYSICIAN'S NAME (TYPO)			22e. ADDRESS			
	23 o.	BURIAL, CREMATION, 23b.	DATE		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)	=
		REMOVAL (Specify)	6-2-68		Washington Ce		Md.	_
	ľ	funeral director ee Funeral	Home 1	00 4th 5	2 + M + B + 1	REC'D BY REGISTRAR 25b. REGISTRAR	Comelan Oudale	
	-	OC I MICIAL	W.	ashingtor	D.C. DATI	10N 3 1300 F		_

MARYLAND STATE DEPARTMENT OF HEALTH



1	1	MARYLAND STATE DEPARTMENT OF HEALTH
	A	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	G.	CERTIFICATE OF DEATH
~ ~ ~	1 0	ECEASED-NAME First Middle , Last 2a DATE OF DEATH 2b. HOUR
to opto	((ype or print) Walter Robert Woodard May 3 1968 72M
	3 5	
\$ (The	3. 31	last high day) Mount Over House Mill
	<u> </u>	Male 8-11-98 69 VRS.
B 20 B		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
A H H	1	# N. Y. U.S. WIDOWED DIVORCED Montgomery Md
illed in papers.	10. (ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 112a, USUAL OCCUPATION (Kind of work dane 1 1/2b KIND OF BUSINESS OR
bon with	Ľ	Takoma Park Washington San, + Hasp, during most of working life, even if settired) MOUSTRY Tee Cream maker, Retired
red plet	13a. adm	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13s. CITY OR TOWN 136 INSIDE CITY LIM TS? 13e. STREET AND NUMBER 13b COUNTY 0 Property 15 NO 120 Residence Defore 15 Control High YES NO 120 Residence Defore 15 NO 12
execution compression compress		Ma. V. G. V Capitol Hagins (SA 16 16 200 Kingstor) Noat
ond rem	114	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
se od in	L	Robert Woodard Minnie Huston
elec an elec		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, grunknawn) (if yet give wor or dates of service) Address
ertificote b physician nen pleose oval, and i		es, na, of unknown) (1995 give war or agree) 578-07-2831 Hospital Records
le deoth cer affending p permit. The		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH
offin it. if	L	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Ventreulan & Brillaton
de de l'a	L	H 109 DUE TO, OR AS A CONSEQUENCE OF
the different per property of the different per per property of the different per property of the different per	ı	Canditions, if any, which gave 1
· th · th	ı	rise ta immediate cause (a), (b)
t noise to the second s		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
equires that the physician. signed by the buriol-transit pouriol, cremating		— W
sig bu		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
w re ding een r to	8	4: 1 diabets multing
the law ratending has been se as the h prior to	E	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The set	CERTIFICATION	YES NO L
IN: or arte		21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
PHYSICIAN: The e haspital or atte his certificate has stoched for use a Dept. of Health pr	MEDICAL	(If either, natify medical examiner) P.M.
has has the	E	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 217 TOCATION Street or R.F.D. No. City or Town County State
S PHYSIC the haspi this cert detoched e Dept. o		at wark — at wark — 1
ING Per Ter tate		22a. I certify that (I) (this hospital) attended the deceased from #/27, 1967, to, 1967, that (I) (we) last saw the deceased olive an
N S S S S S S S S S S S S S S S S S S S		saw the deceased olive an
A Pin So Dit	ı	couses stated above, (I) (we) (did) (did-net) view the body after death.
OR ATTENDIN be retained by JIRECTOR: Afte ie 3 should be ed with the Sta	ı	22b, SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 5/2/68
	ı	
Poge 4 moy be retained by the haspital or O FUNERAL DIRECTOR: After this certificate director, poge 3 should be detoched for ushauld be filed with the State Dept. of Heat		22d. PHYSICIAN'S NAME (Type) R. W. Sondstrom M.D. 220 ADDRESS 7761 Carroll Ave Takona Park of d
HOSPI Poge 4 n FUNER director,	23n	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
- 2 - 5 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4		REMDARGEAL 5-6-68 Cedar Hill Cemetery Suitland, Maryland
100	24	FUNERAL DIRECTOR (1) I had m FUNErah ADDRESSO me 250. REC'D BY REGISTRAR 256 REGISTRAR S SIGNATURE
VR A15 (4) 30M REV. 1, 68	4	308 Suitland Et. S.E. Wash D.C. DATE MAY 6 1968 golianles Judge.





2 1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. 0	ECEASED-NAME First Middle Last 20. DATE KNOWN Manth Day Year 2b HOUR
is 5 8 4	{	Type or Print) HECTOR FRANCISCO ZAYAS DEATH MATED MAY 12 1968 4 M
Pag Pag	3. 5	EX 4. RACE S. DATE OF BIRTH 6. AGE (In yours I IF UNDER 1 YEAR IF UNDER 24 HRS. 24. DATE PRONOUNCED DEAD 2d HOUR
Monday is M. Page Mannent of	1	MALE W JAN 10-1950 18 VRS MONTHS DAYS HOURS MIN Manthy V Day Year 1968 5 M
EW.		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH /
	COUI	THY SAN SUR DR. U.S. A WIDOWED DIVORCED MONT GOMERY. Md.
hours after death frem 18. Give Pages Office along with far land 2 with the State	10.	TTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work dane give street oddress) 12a. USUAL OCCUPATION (Kind of work dane lizb. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY
o w g w		UETHESCA SUBURDAN STUDENT
s after 18. Gir along 2 with death.		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE OTY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Montgoneey CHENY CHASE YES NO 3606 KENIL WORTH DR
haurs after death Item 18. Give Pag Office along with I and 2 with the Sta after death.	1/	12 July 1
haurr Herm Office 1 and 2	14.	
ihin 24 mal in miner's pages haurs	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT H.C. ZAVAS ADDRESS CHEVY HASE
within pend xamin ile pa 72 hc		(es, ng. or unknown) (Hyes give war or dates of service) 583-10-5229 (FATHER)-3606 KENIL WOETH DR
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (s).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
cute ng" dica dica with		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Subclure land Subarachnoid Hemorrhage. 5 min.
exe endi Me t pe		DUE TO, OR AS A CONSEQUENCE OF
be '' p		Canditions, if any, which gave tise to immediate cause (a) (b) Trauma- from Auto Accident.
should be executed a word "pending" in the Chief Medical Eurial-transit permit. Fin any event within		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
she y ta t ta t t in t in t		<u>last.</u> (c)
This certificate licate, writing the be farwarded to do be used as a bar remaval, and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
vritifi varc varc varc	NOIL	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
fary fary fary	CERTIFICATION	WAS PERFORMED? YES NO □
INER: This certi e certificate, write shauld be farwan files. 3 shauld be used natian, ar remava		21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
certi auld les. shau tian,	MEDICAL	PRIMARY FOR CONTRIBUTING HOURAM. May 121968. Lost-control of can and struck a Pale
	WE.	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, fortige, building, etc.) 21f. LOCATION Street or R.F.D. No. (ity or Town County State
EXAL ecute Page ar yau ar yau ial, cre		WHILE IN NOT WHILE IN TOURK I FAIR BETHERIES. MOITH MAY 495 + River Rel Betheries. Moint Med
ICAL EXAMINER: execute the certifor. Page 4 should set for your files. CTOR: Page 3 should burial, cremation,		220. I certify that I took charge of the remains described above, held an Autopsy 💢, Inspection 🔀, Inquiry 💢, and in my opinion
ITY please erral director be retained prior to bury		death resulted from: Notural couses, Accident 🔀, Suicide, Hamicide, Undetermined manner
Ty please and directed be retained to prior to be prio		ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE SIGNED
JTY ry. eral be be pri		MD. STEINT MEDICAL EXAMINED AND AND 12, 19, 19, 19
o DEPUTY SICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far your o Funeral DIRECTOR: Page Health prior to burial, cren		NAME (Type) ADDRESS(Street, city, lown, or county)
TO DEPUTY necessary, the funera 5 may be 10 FUNERA Health pr	230	BURIAL CREMATION. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	R	emoval 5/13/68 Catholic Cemetery Ponce. Puerto Rico
	24	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE.
VR A15ME (5) 10M REV. 1/68	1	Joseph Gawler's sons 5130 Wisc. Ayec, N.W. DATE MAY 16 1968 following

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR (Type or print) EDWARD ZUPNIK loAA 3. SEX 4. RACE IF UNDER I YEAR HE UNDER 24 HRS. S. DATE OF BIRTH 6. AGE (In years 80 last birthday) DAYS 5/14/88 Male White YRS hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) WIDOWED [DIVORCED USA Carmell. N.J. Montgomery 24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address) during most of working life, even if retired.) INDUSTRY and campletely Silver Spring, Md. Holy Cross Hospital Wholesale confectioner sales 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 136. COUNTY YES NO I 5352 29th St. N.W. Washington D none and in any 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Lost Annie Joseph Zupnik signed by the attending physician burial-transit permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na. or unknown) (If yes give war or dates of service) crematian, ar remoral, 5342 28th NW Wash D Son Joseph Zupnik none 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) YOC. INFORE TTO N Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stoting the underlying cause ENGRALIZED GROBEISCHO burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been State Dept. of Health priar ta 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. detached 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while of wark 22a. I certify that (1) (this haspital) attended the deceased from UNG to 1971, to 1970 180 Land that in (my) (our) apinian death accurred an the date and haur and from the director, page 3 should should be filled with the causes stated abave, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) * RHOVALISpecify 5-24-68 Adas Israel Cemetery Washington, DC **FUNERAL DIRECTOR** 25a. REC'D BY REGISTRAR Bernard Danzansky & Sons Wash., DC VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

